

SCRIPTED TEXT FOR 2003 PATS RETURNS  
FORMS 1040, 1040A, 1040EZ  
FORMS W-2, W-2G AND 1099-R

TEST #1

FORMS INCLUDED: FORM 1040EZ, FORM W-2(1)

FORM 1040EZ:

First Name MI & Last Name: (TEST N ERTIA)  
Social Security Number: (400-00-1001)  
Home Address: (215 LAID BACK WAY)  
City State and Zip: (LAZY POINT NY 11930-2150)  
Do you want \$3.00 to go to the  
    Presidential Campaign Fund: (NO)  
Filing Status: (SINGLE)  
Line 1 Total wages: (2150)  
Line 2 Taxable Interest: (270)  
Line 4 Adjusted Gross Income: (2420)  
Line 5 Can someone else claim you  
    on their return: (YES)  
    Deduction/Exemption Amount: (2400)  
Line 6 Taxable income: (20)  
Line 7 Federal Income tax withheld: (300)  
Line 8 Earned Income Credit: (NO)  
Line 9 Total payments: (300)  
Line 10 Tax: (2)  
Line 11a Refund: (298)  
Line 11b Routing Transit number: (012456778)  
Line 11c Type of account: (SAVINGS)  
Line 11d Account number: (111-222-3456)  
  
Taxpayer's Occupation: (COOK)  
Third Party Designee: (NO)  
Daytime Phone Number: (305-678-9012)  
This return was prepared by taxpayer

Form W-2 #1:

b. Employers identification number: (11-6321571)  
  
c. Employers name address and Zip Code: (LOAFERS SANDWICH SHOPPE)  
    (14A LOAFERS LAND)  
    (LAZY POINT NY 11930)  
  
d. Employees social security number: (400-00-1001)  
e. Employees name (First, MI, Last): (TEST N ERTIA)  
f. Employees address and Zip code: (215 LAID BACK WAY)  
    (LAZY POINT NY 11930-2150)  
  
Box 1 Wages, tips, etc.: (2150)  
Box 2 Federal Income tax withheld: (300)  
Box 3 Social Security wages: (2150)  
Box 4 Social Security tax withheld: (133)  
Box 5 Medicare wages and tips: (2150)  
Box 6 Medicare tax withheld: (31)  
Box 15 State and State ID Number: (NY 112176)  
Box 16 State Wages: (2150)  
Box 17 State Income Tax withheld: (215)

TEST #2

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST O MAPLE)
Social Security Number:	(400-00-1002)
Home Address:	(7842 WEEPING WILLOW LN)
City, State, and Zip:	(AUDUBON NJ 08106-7842)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Number of boxes on 6a and 6b:	(0)
Total number box 6d:	(0)
Line 7 Total wages:	(4400)
Line 8a Taxable Interest:	(6500)
Line 8b Tax exempt interest:	(1000)
Line 9a Ordinary Dividends:	(3000)
Line 15 Total Income:	(13900)
Line 21 Adjusted Gross Income:	(13900)
Line 22 Amount from line 21:	(13900)
Line 24 Standard deduction:	(4650)
Line 25 Subtract line 24 from line 22:	(9250)
Line 26 Multiply \$3050 by the Total number in box 6d:	(0)
Line 27 Taxable Income:	(9250)
Line 28 Tax:	(1041)
Line 36 Subtract line 35 from line 28:	(1041)
Line 38 Total Tax:	(1041)
Line 39 Federal Income Tax Withheld:	(980)
Line 43 Total Payments:	(980)
Line 47 Amount you owe:	(61)
Taxpayer's Occupation:	(TREE TRIMMER)
Third Party Designee:	(NO)
Daytime phone number:	(201-555-1111)
Taxpayer PIN:	(19821)
Date:	(03-21-2004)

TEST #2: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and Zip Code: (TREE TOPPERS INC)  
(783 CHRISTMAS TREE DRIVE)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1002)

e. Employees name (First, MI, Last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and State ID Number: (NJ 22130)

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and Zip Code: (OAKLEYS YARD AND GARDEN)  
(87 KUDZU CENTER)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1002)

e. Employees name (First, MI, Last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal Income tax withheld: (500)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and State ID Number: (NJ 07543917)

Box 16 State Wages: (3200)

TEST #3

FORMS INCLUDED: FORM 1040, FORM W-2 (1)  
FORM 1040:

First Name, MI & Last Name:	(TEST Z CANASTA)
Social Security Number:	(400-00-1003)
Home Address:	(% ROYAL FLUSH)
	(12 QUEEN OF HEARTS BLVD)
City, State, and Zip:	(BLACKJACK MS 39759)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(HEAD OF HOUSEHOLD)
Dependent #1 Name:	(SAMUEL CANASTA)
Social Security Number:	(400-55-3003)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(MARY CANASTA)
Social Security Number:	(400-55-4003)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(2)
Total number in box 6d:	(3)
Line 7 Total wages:	(19500)
Line 19 Unemployment compensation:	(8000)
Line 22 Total income:	(27500)
Line 32a Alimony paid:	(3200)
Line 32b Recipient's SSN LITERAL:	(STATEMENT #1)
	(400-55-5003 1200)
	(400-55-6003 2000)
Line 33 Total Adjustments:	(3200)
Line 34 Adjusted gross income:	(24300)
Line 35 Amount from line 34:	(24300)
Line 37 Itemized or standard deduction:	(7000)
Line 38 Subtract line 37 from line 35:	(17300)
Line 39 Multiply \$3050 by the Total number in box 6d:	(9150)
Line 40 Taxable income:	(8150)
Line 41 Tax:	(818)
Line 43 Add line 41 and 42:	(818)
Line 45 Credit for child & dependent care expenses:	(818)
Line 53 Total credits:	(818)
Line 54 Subtract 53 from line 43:	(0)
Line 58 Advance earned income credit:	(500)
Line 60 Total tax:	(1715) LITERAL: (ADT 1215)
Line 61 Federal Income tax withheld:	(2700)
Line 63 Earned income credit:	(1973)
Line 65 Additional Child Tax Credit	(900)
Line 68 Total payments:	(5573)
Line 69 Amount Overpaid:	(3858)
Line 70a Amount Refunded to you:	(3358)
Line 70b Routing Transit Number:	(012344589)
Line 70c Type of account:	(CHECKING)
Line 70d Account Number:	(LOANXXXX400001003)
Line 71 Applied to 2004 Estimated Tax:	(500)

TEST #3: continued:

Third Party Designee:	(YES)
Third Party Designee:	(John Doe)
Third Party Phone:	(888-555-1111)
Third Party PIN number:	(11122)
Taxpayer's Occupation:	(DEALER)
Daytime Phone Number:	(888-555-2222)

Form W-2 #1:

b. Employers identification number: (64-1234567)

c. Employers name address and Zip Code: (UCAN WINABUNDLE RIVERBOAT)  
(21 JOKERS FERRY)  
(BLACKJACK MS 39759)

d. Employees social security number: (400-00-1003)

e. Employees name (First, MI, Last): (TEST Z CANASTA)

f. Employees address and Zip code: (12 QUEEN OF HEARTS BLVD)  
(BLACKJACK MS 39759)

Box 1	Wages, tips, etc.:	(19500)
Box 2	Federal Income tax withheld:	(2700)
Box 3	Social Security wages:	(19500)
Box 4	Social Security tax withheld:	(1209)
Box 5	Medicare wages and tips:	(19500)
Box 6	Medicare tax withheld:	(283)
Box 9	Advanced EIC payment:	(500)

TEST #4

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, MI & Last Name:	(TEST A EAU DE TOILETTE)
Social Security Number:	(400-00-1004)
Home Address:	(5 GOTTA SMELL GOOD ST)
City, State, and Zip:	(COLOGNE MN 55322)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Line 1 Total wages:	(9000)
Line 2 Taxable Interest:	(370)
Line 4 Adjusted Gross Income:	(9370)
Line 5 Can someone else claim you on their return:	(NO)
Deduction/Exemption Amount:	(7800)
Line 6 Taxable income:	(1570)
Line 7 Tax Withheld:	(75)
Line 8 Earned income credit:	(142)
Line 9 Total payments:	(217)
Line 10 Tax:	(156)
Line 11a This is your refund:	(61)
Line 11b Routing transit number:	(XXXXXXXXXX)
Line 11d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(SALES CLERK)

Form W-2 #1:

b. Employers identification number:	(41-8765432)
c. Employers name address and Zip Code:	(SWEET AROMA HEALTH AND BEAUTY AIDES) (7 FRAGRANT WAY) (COLOGNE MN 55322)
d. Employees social security number:	(400-00-1004)
e. Employees name (first, m.i., last):	(TEST A EAU DE TOILETTE)
f. Employees address and Zip code:	(5 GOTTA SMELL GOOD ST) (COLOGNE MN 55322)
Box 1 Wages, tips, etc.:	(9000)
Box 2 Federal Income tax withheld:	(75)
Box 3 Social Security wages:	(9500)
Box 4 Social Security tax withheld:	(589)
Box 5 Medicare wages and tips:	(9500)
Box 6 Medicare tax withheld:	(138)
Box 12a See instructions:	(D 500)
Box 15 State and State ID Number:	(MN 41777)
Box 16 State Wages:	(9000)
Box 17 State Income Tax withheld:	(525)

TEST #5

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST U GRASS)
Social Security Number:	(400-00-1005)
Spouse's First Name, MI, & Last Name:	(MAY B GRASS)
Spouse's Social Security Number:	(400-00-2005)
Home Address:	(74131 FESCUE DR)
City, State, and Zip:	(SAINT THOMAS VI 00802)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If joint return, Does your spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Dependent #1 Name:	(TIMOTHY GRASS)
Social Security Number:	(400-55-3005)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(MARY GRASS)
Social Security Number:	(400-55-4005)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(DAVID GRASS)
Social Security Number:	(400-55-5005)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #4 Name:	(SUSAN GRASS)
Social Security Number:	(400-55-6005)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #5 Name:	(PHILIP GRASS)
Social Security Number:	(400-55-7005)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #6 Name:	(ANGELA GRASS)
Social Security Number:	(400-55-8005)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes on 6a and 6b:	(2)
Number of children who lived with you:	(6)
Total number in box 6d:	(8)
Line 7 Total wages:	(42000)
Line 13 Unemployment Compensation:	(1650)
Line 15 Total Income:	(43650)
Line 17 IRA deduction:	(1200)
Line 20 Total Adjustments:	(1200)
Line 21 Adjusted Gross Income:	(42450)



TEST #5: continued:

Line 22	Amount from line 21:	(42450)
Line 23a	Taxpayer is blind:	(X)
Line 23a	Number of Boxes checked:	(1)
Line 24	Standard deduction:	(10450)
Line 25	Subtract line 24 from line 22:	(32000)
Line 26	Multiply \$3050 by the Total number in box 6d:	(24400)
Line 27	Taxable Income:	(7600)
Line 28	Tax:	(763)
Line 29	Child Care Credit:	(470)
Line 31	Education Credit:	(293)
Line 35	Total Credits:	(763)
Line 36	Subtract line 35 from line 28:	(0)
Line 38	Total Tax:	(0)
Line 39	Federal Income Tax Withheld:	(1450)
Line 42	Additional Child Tax Credit:	(3213)
Line 43	Total Payments:	(4663)
Line 44	Amount Overpaid:	(4663)
Line 45a	Amount to be refunded:	(4663)
Line 45b	Routing transit number:	(253174576)
Line 45c	Type of account:	(SAVINGS)
Line 45d	Account Number:	(06542153)
	Third Party Designee:	(YES)
	Third Party Designee:	(JOHN DOE)
	Third party phone number:	(888-555-1111)
	Third party PIN number:	(11112)
	Taxpayer's Occupation:	(CONSULTANT)
	Spouse's Occupation:	(SALESPERSON)

TEST #5: continued:

Form W-2 #1:

b. Employers identification number:	(02-9876543)
c. Employers name address and Zip Code:	(LAST JOB INC) (97 WHEATLEY AVE) (SAINT THOMAS VI 00802)
d. Employees social security number:	(400-00-1005)
e. Employees name (first, m.i., last):	(TEST U GRASS)
f. Employees address and Zip code:	(74131 FESCUE DR) (SAINT THOMAS VI 00802)
Box 1 Wages, tips, etc.:	(24500)
Box 2 Federal Income Tax Withheld:	(900)
Box 3 Social Security wages:	(24500)
Box 4 Social Security tax withheld:	(1519)
Box 5 Medicare wages and tips:	(24500)
Box 6 Medicare tax withheld:	(355)
Box 10 Dependent care benefits:	(1000)
Box 15 State and State ID Number:	(VI 02888)
Box 16 State Wages:	(24500)
Box 17 State Income Tax withheld:	(1715)

Form W-2 #2:

b. Employers identification number:	(02-5689124)
c. Employers name address and Zip Code:	(SNODGRASS FEED AND SEED) (1 PLANTATION ST) (SAINT THOMAS VI 00802)
d. Employees social security number:	(400-00-2005)
e. Employees name (first, m.i., last):	(MAY B GRASS)
f. Employees address and Zip code:	(74131 FESCUE DR) (SAINT THOMAS VI 00802)
Box 1 Wages, tips, etc.:	(17500)
Box 2 Federal Income Tax Withheld:	(550)
Box 3 Social Security wages:	(17500)
Box 4 Social Security tax withheld:	(1085)
Box 5 Medicare wages and tips:	(17500)
Box 6 Medicare tax withheld:	(254)
Box 15 State and State ID Number:	(VI 023456)
Box 16 State Wages:	(17500)
Box 18 Local wages, tips, etc:	(2000)
Box 19 Local income tax:	(10)
Box 20 Locality name:	(BC)

TEST #6

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI, & Last Name:	(TEST D RICHARD)
Social Security Number:	(400-00-1006)
Home Address:	(94022 PATRICIA CT)
City, State, and Zip Code:	(HAPPY JACK AZ 86024)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(0)
Total number in box 6d:	(0)
Line 8a Taxable interest:	(1514)
Line 9a Ordinary Dividend income:	(582)
Line 13a Capital gain or (loss):	(-800)
Line 17 Schedule E income or (loss):	(5200)
Line 22 Total income:	(6496)
Line 34 Adjusted gross income:	(6496)
Line 35 Amount from line 34:	(6496)
Line 37 Itemized or standard deduction:	(750)
Line 38 Subtract line 37 from line 35:	(5746)
Line 39 Multiply \$3050 by the Total number in box 6d:	(0)
Line 40 Taxable income:	(5746)
Line 41 Tax:	(823)
Line 43 Add lines 41 and 42:	(823)
Line 54 Subtract line 53 from line 43:	(823)
Line 60 Total Tax(add lines 54-59):	(823)
Line 62 2003 Estimated tax payments:	(600)
Line 66 Amount paid with Form 4868:	(109)
Line 68 Total payments:	(709)
Line 72 Amount you owe:	(114)
Third Party Designee:	(YES)
Third Party Designee:	(ROBERT R ROBERTS)
Third Party phone number:	(775-555-1313)
Third Party PIN number:	(15512)
Taxpayer's Occupation:	(STUDENT)

Paid Preparer Information:

Self-employed:	(X)
Preparer's SSN:	(400-55-4006)
Firm Name:	(ROBERTS ENTERPRISES)
EIN:	(88-6868686)
Firm Address:	(645 SALEM ST)
	(NIXON NV 89424)
Phone no:	(775-555-1313)

TEST #7

FORMS INCLUDED: FORM 1040EZ, FORM W-2(1)

FORM 1040EZ:

First Name, MI, & Last Name:	(TEST I WHY)
Social Security Number:	(400-00-1007)
Spouse's Name, MI, & Last Name:	(GWEN R KNOTT)
Spouse's Social Security Number:	(400-00-2007)
Home Address:	(12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
City, State, and Zip:	(WYNOT NE 68792)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Line 1 Total wages:	(6700)
Line 2 Taxable Interest:	(63)
Line 3 Unemployment compensation:	(200)
Line 4 Adjusted Gross Income:	(6963)
Line 5 Can someone else claim you on their return:	(NO)
Deduction/Exemption Amount:	(15600)
Line 6 Taxable income:	(0)
Line 7 Federal Income tax withheld:	(670)
Line 8 Earned income credit:	(382)
Line 9 Total payments:	(1052)
Line 10 Tax:	(0)
Line 11a Refund:	(1052)
Line 11b Routing transit number:	(123456780)
Line 11c Type of account:	(CHECKING)
Line 11d Account no:	(02135763)
Third Party Designee:	(YES)
Third Party Designee:	(JOHN DOE)
Third party phone number:	(888-555-1111)
Third party PIN number:	(11125)
Taxpayer's Occupation:	(TEXTILES)
Spouse's Occupation:	(HOMEMAKER)

TEST #7: continued:

Form W-2 #1:

b. Employers identification number:	(47-1928374)
c. Employers name address and Zip Code:	(WEARABLE GARMENTS MANUFACTURING) (2 WASHINGTON CIRCLE) (WYNOT NE 68792)
d. Employees social security number:	(400-00-1007)
e. Employees name (first, m.i., last):	(TEST I WHY)
f. Employees address and Zip code:	(12457 WILSHIRE-ON-THE-HAMPTONS BLVD) (WYNOT NE 68792)
Box 1 Wages, tips, etc.:	(6700)
Box 2 Federal Income Tax Withheld:	(670)
Box 3 Social Security wages:	(6700)
Box 4 Social Security tax withheld:	(415)
Box 5 Medicare wages and tips:	(6700)
Box 6 Medicare tax withheld:	(97)
Box 15 State and State ID Number:	(NE 479623)
Box 16 State Wages:	(6700)
Box 17 State Income Tax withheld:	(186)

TEST #8

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name: (TEST M LUCKY) (DECEASED - 10-15-2003)

Social Security Number: (400-00-1008)

Home Address: (13 WINNERS CIR)

City, State, and Zip: (HORSE SHOE NC 28742)

Do you want \$3.00 to go to the

Presidential Campaign Fund: (YES)

Filing Status: (SINGLE)

Dependent #1 Name: (GOTTABE LUCKY)

Social Security Number: (400-55-3008)

Relationship: (SON)

Qualifying child for child tax credit: (X)

Dependent #2 Name: (WANNABE DIPHERANT)

Social Security Number: (400-55-4008)

Relationship: (DAUGHTER)

Qualifying child for child tax credit: (X)

Number of boxes checked on 6a and 6b: (1)

No. of children who did not live with you: (2)

Total number in box 6d: (3)

Line 7 Total wages: (14000)

Line 8a Taxable interest: (290)

Line 9a Dividend income: (76)

Line 19 Unemployment compensation: (2760)

Line 22 Total income: (17126)

Line 24 IRA deduction: (1000)

Line 33 Total adjustments: (1000)

Line 34 Adjusted gross income: (16126)

Line 35 Amount from line 35: (16126)

Line 37 Itemized or standard deduction: (4750)

Line 38 Subtract line 37 from line 35: (11376)

Line 39 Multiply \$3050 by the

Total number in box 6d: (9150)

Line 40 Taxable income: (2226)

Line 41 Tax: (224)

Line 43 Add lines 42 and 43: (224)

Line 48 Retirement savings contribution: (200)

Line 49 Child Tax credit: (24)

Line 53 Total credits: (224)

Line 54 Subtract line 53 from line 43: (0)

Line 60 Total tax: (0)

Line 61 Federal Income tax withheld: (800)

Line 65 Additional Child Tax Credit (350)

Line 67 Other payments: (103)

Line 67b Form 4136: (X)

Line 68 Total payments: (1253)

Line 69 Amount Overpaid: (1253)

Line 70a Amount Refunded to you: (1253)

Line 70b Routing transit number: (XXXXXXXXXX)

Line 70d Account number: (XXXXXXXXXXXXXXXXXXXX)

TEST # 8 continued:

Third Party Designee	(YES)
Third Party Designee:	(IMA LUCKYONE II)
Third party phone number:	(888-555-1212)
Third party PIN number:	(12345)
Taxpayer's Occupation:	(GROUNDSKEEPER)

Form 8332 filed with this return

Form W-2 #1:

b. Employers identification number:	(56-1234567)
c. Employers name address and Zip Code:	(THOROUGHBRED FARMS)
	(1 LICKSKILLET LANE)
	(HORSE SHOE NC 28742)
d. Employees social security number:	(400-00-1008)
e. Employees name (first, m.i., last):	(TEST M LUCKY)
f. Employees address and Zip code:	(13 WINNERS CIR)
	(HORSE SHOE NC 28742)
Box 1 Wages, tips, etc.:	(14000)
Box 2 Federal Income Tax Withheld:	(800)
Box 3 Social Security wages:	(14000)
Box 4 Social Security tax withheld:	(868)
Box 5 Medicare wages and tips:	(14000)
Box 6 Medicare tax withheld:	(203)
Box 15 State and State ID Number:	(NC 568866)
Box 16 State Wages:	(14000)
Box 17 State Income Tax withheld:	(980)

TEST #9

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST C ACAPPELLA)
Social Security Number:	(400-00-1009)
Spouse's Social Security Number:	(400-00-2009)
Home Address:	(4 QUARTET CTR)
City, State, and Zip:	(SOLO MO 65564)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(DUET ACAPPELLA)
Dependent #1 Name:	(FORTISSIMO ARIA)
Social Security Number:	(400-55-3009)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(1)
No. of children who did not live with you:	(1)
Total number in box 6d:	(2)
Line 7 Total wages:	(26000)
Line 22 Total income:	(26000)
Line 34 Adjusted Gross Income:	(26000)
Line 35 Amount from line 34:	(26000)
Line 36b If you are married filing separate and your spouse itemizes:	(X)
Line 37 Standard deduction:	(2100)
Line 38 Subtract line 37 from line 35:	(23900)
Line 39 Multiply \$3050 by the Total number in box 6d:	(6100)
Line 40 Taxable Income:	(17800)
Line 41 Tax:	(2324)
Line 43 Add lines 41 and 42:	(2324)
Line 49 Child Tax credit:	(600)
Line 53 Total Credits:	(600)
Line 54 Subtract line 53 from line 43:	(1724)
Line 60 Total Tax:	(1724)
Line 61 Federal Income Tax Withheld:	(1600)
Line 68 Total Payments:	(1600)
Line 72 Amount you owe:	(124)
Third Party Designee:	(NO)
Daytime Phone Number:	(314-555-1008)
Taxpayer's Occupation:	(MUSICIAN)

This return was prepared by the taxpayer



TEST #9: continued:

Form W-2 #1:

b. Employer identification number: (43-7685943)  
c. Employer's name address and Zip Code: (SOLO CITY ORCHESTRA)  
(SOLO CENTER SUITE 420)  
(SOLO MO 65564)  
d. Employee's social security number: (400-00-1009)  
e. Employee's first name and initial: (TEST C ACAPPELLA)  
f. Employee's address and Zip Code: (4 QUARTET CTR)  
(SOLO MO 65564)

Box 1 Wages, tips, other compensation: (26000)  
Box 2 Federal Income tax withheld: (1600)  
Box 3 Social Security wages: (26000)  
Box 4 Social Security tax withheld: (1612)  
Box 5 Medicare wages and tips: (26000)  
Box 6 Medicare tax withheld: (377)  
Box 15 State and Employer's state ID no: (MO 43918273)  
Box 16 State wages, tips, etc: (26000)  
Box 17 State income tax: (800)

TEST #10

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, MI & Last Name: (TEST J CAESAR)  
Social Security Number: (400-00-1010)  
Spouse's First Name, MI & Last Name: (CLEO P CAESAR)  
Spouse's Social Security Number: (400-00-2010)  
Home Address: (15 IDES OF MARCH PKWY)  
City State and Zip: (ROME MS 38768)  
Do you want \$3.00 to go to the  
    Presidential Campaign Fund: (YES)  
If joint return, Does Taxpayer's spouse  
    want \$3.00 to go to this fund: (YES)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (SALLY CAESAR)  
    Social Security Number: (400-55-3010)  
    Relationship: (DAUGHTER)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (JULIUS BRUTUS)  
    Social Security Number: (900-93-4010)  
    Relationship: (SON)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (2)  
Number of children who lived with you: (2)  
Total number in box 6d: (4)  
Line 7 Total wages: (62000)  
Line 8a Taxable Interest: (390)  
Line 14a Social Security benefits: (5200)  
Line 14b Taxable Social Security benefits: (4420)  
Line 15 Total Income: (66810)  
Line 18 Student loan interest deduction: (135)  
Line 20 Total adjustments: (135)  
Line 21 Adjusted Gross Income: (66675)  
Line 22 Amount from line 21: (66675)  
Line 24 Standard deduction: (9500)  
Line 25 Subtract line 24 from line 22: (57175)  
Line 26 Multiply \$3050 by the Total number in box 6d: (12200)  
Line 27 Taxable Income: (44975)  
Line 28 Tax: (6046)  
Line 31 Education credits: (300)  
Line 34 Adoption credit: (5746)  
Line 35 Total Credits: (6046)  
Line 36 Subtract line 35 from line 28: (0)  
Line 38 Total Tax: (0)  
Line 39 Federal Income Tax Withheld: (2500)  
Line 42 Additional Child Tax Credit: (2000)  
Line 43 Total Payments: (4500)  
Line 44 Amount Overpaid: (4500)  
Line 45a Refund: (4500)  
Line 45b Routing transit number: (XXXXXXXXXX)  
Line 45d Account number: (XXXXXXXXXXXXXXXXXXXX)  
    Third Party Designee (NO)  
    Taxpayer's Occupation: (ACTOR)  
    Spouse's Occupation: (UNEMPLOYED)  
    Taxpayer's Daytime Phone Number: (601-555-5430)

TEST #10: continued:

Form W-2 #1:

b. Employers identification number:	(64-2131415)
c. Employers name address and Zip Code:	(THE GREEK PLAYHOUSE) (98 PARTHANON PLACE) (ROME MS 38768)
d. Employees social security number:	(400-00-1010)
e. Employees name (first, m.i., last):	(TEST J CAESAR)
f. Employees address and Zip code:	(15 IDES OF MARCH PKWY) (ROME MS 38768)
Box 1 Wages, tips, etc.:	(62000)
Box 2 Federal Income Tax Withheld:	(2500)
Box 3 Social Security wages:	(63000)
Box 4 Social Security tax withheld:	(3906)
Box 5 Medicare wages and tips:	(63000)
Box 6 Medicare tax withheld:	(914)
Box 12a See instructions:	(T 1000)
Box 15 State and State ID Number:	(MS 641213)
Box 16 State Wages:	(62000)
Box 17 State Income Tax withheld:	(4340)

TEST #11

FORMS INCLUDED: FORM 1040A, FORM W-2(2)

FORM 1040A:

First Name, MI & Last Name:	(TEST N BLOWNAPART)
Social Security Number:	(400-00-1011)
Spouse's Social Security Number:	(400-00-2011)
Home Address:	(781 WATERLOO WAY)
City, State, and Zip:	(NAPOLEON MI 49261)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(FREDA T BLOWNAPART)
Dependent #1 Name:	(JOSEPHINE BATTLE)
Social Security Number:	(900-78-3011)
Relationship:	(DAUGHTER)
Qualifying child:	(X)
Dependent #2 Name:	(JACKIE CLAWS)
Social Security Number:	(400-00-4011)
Relationship:	(Parent)
Number of boxes checked on 6a and 6b:	(1)
Number of children who did not live with you:	(1)
Number of Dependents not included above:	(1)
Total number in box 6d:	(3)
Line 7 Total wages:	(22300)
Line 15 Total income:	(22300)
Line 21 Adjusted gross income:	(22300)
Line 22 Amount from line 21:	(22300)
Line 24 Standard deduction:	(4750)
Line 25 Subtract line 24 from line 22:	(17550)
Line 26 Multiply \$3050 by the Total number in box 6d:	(9150)
Line 27 Taxable income:	(8400)
Line 28 Tax:	(914)
Line 33 Child Tax Credit:	(600)
Line 35 Add lines 29 through 34:	(600)
Line 36 Subtract line 35 from line 28:	(314)
Line 38 Total Tax:	(314)
Line 39 Federal income tax withheld:	(2380)
Line 43 Total Payments:	(2380)
Line 44 Amount Overpaid:	(2066)
Line 45a Refund:	(2066)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(WELDER)

This return was prepared by the taxpayer

TEST #11: continued:

Form W-2 #1:

b. Employers identification number:	(38-3838196)
c. Employers name address and Zip Code:	(WELDERS R WE) (8888 CORKSCREW CIRCLE) (NAPOLEON MI 49261-8888)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, m.i., last):	(TEST N BLOWNAPART)
f. Employees address and Zip code:	(781 WATERLOO WAY) (NAPOLEON MI 49261)
Box 1 Wages, tips, etc.:	(11500)
Box 2 Federal Income tax withheld:	(1300)
Box 3 Social Security wages:	(11500)
Box 4 Social Security tax withheld:	(713)
Box 5 Medicare wages and tips:	(11500)
Box 6 Medicare tax withheld:	(167)
Box 15 State and State ID Number:	(MI 384759)
Box 16 State Wages:	(11500)
Box 17 State Income tax withheld:	(805)

Form W-2 #2:

b. Employers identification number:	(38-1425336)
c. Employers name address and Zip Code:	(BONDO MAGIC COMPANY) (ONE PLUS ONE DRIVE) (NAPOLEON MI 49261)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, m.i., last):	(TEST N BLOWNAPART)
f. Employees address and Zip code:	(781 WATERLOO WAY) (NAPOLEON MI 49261)
Box 1 Wages, tips, etc.:	(10800)
Box 2 Federal Income tax withheld:	(1080)
Box 3 Social Security wages:	(10800)
Box 4 Social Security tax withheld:	(670)
Box 5 Medicare wages and tips:	(10800)
Box 6 Medicare tax withheld:	(157)
Box 15 State and State ID Number:	(MI 382176)
Box 16 State Wages:	(10800)

TEST #12

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, MI & Last Name: (TEST U PHROZINTOWES)  
Social Security Number: (400-00-1012)  
Home Address: (1832 NORTH POLE LN)  
City, State, and Zip: (COLDFOOT AK 99701)  
Do you want \$3.00 to go to the  
    Presidential Campaign Fund: (YES)  
Filing Status: (HEAD OF HOUSEHOLD)  
Dependent #1 Name: (JESSICA LEE)  
    Social Security Number: (400-55-3012)  
    Relationship: (DAUGHTER)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (TAMMY TY)  
    Social Security Number: (400-55-4012)  
    Relationship: (FOSTERCHILD)  
    Qualifying child for child tax credit: (X)  
Dependent #3 Name: (SAMMY PHROZINTOWES)  
    Social Security Number: (400-55-5012)  
    Relationship: (SON)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (3)  
Total number in box 6d:: (4)  
Line 7 Total wages: (21200)  
Line 15 Total income: (21200)  
Line 19 Tuition and fees deduction: (250)  
Line 20 Total adjustments: (250)  
Line 21 Adjusted gross income: (20950)  
Line 22 Amount from line 21: (20950)  
Line 24 Standard deduction: (7000)  
Line 25 Subtract line 24 from line 22: (13950)  
Line 26 Multiply \$3050 by the Total  
    number in box 6d: (12200)  
Line 27 Taxable income: (1750)  
Line 28 Tax: (176)  
Line 29 Credit for child care expenses: (176)  
Line 35 Total Credits: (176)  
Line 36 Subtract line 35 from line 28: (0)  
Line 37 Advance earned income credit: (412)  
Line 38 Total Tax: (412)  
Line 39 Federal Income tax withheld: (2240)  
Line 41 Earned income credit: (2626)  
Line 42 Additional Child tax credit: (1070)  
Line 43 Total Payments: (5936)  
Line 44 Amount Overpaid: (5524)  
Line 45a Amount Refunded to you: (5524)  
Line 45b Routing transit number: (XXXXXXXXXX)  
Line 45d Account number: (XXXXXXXXXXXXXXXXXXXX)  
    Third Party Designee: (YES)  
    Third Party Designee: (JANE SMITH)  
    Third Party phone number: (123-456-7890)  
    Third Party PIN number: (34567)  
    Taxpayer's Occupation: (CLERICAL)

TEST #12: continued:

Form W-2 #1:

b. Employers identification number:	(38-9391949)
c. Employers name address and Zip Code:	(PHRIEZ, EYCICKLE, AND GLACIER) (21 APPEAL ST) (KANATA ONTARIO K2K1X-3 .)
d. Employees social security number:	(400-00-1012)
e. Employees name (first, m.i., last):	(TEST U PHROZINTOWES)
f. Employees address and Zip code:	(1832 NORTH POLE LN) (COLDFOOT AK 99701)
Box 1 Wages, tips, etc.:	(21200)
Box 2 Federal Income tax withheld:	(2240)
Box 3 Social Security wages:	(22700)
Box 4 Social Security tax withheld:	(1407)
Box 5 Medicare wages and tips:	(22700)
Box 6 Medicare tax withheld:	(329)
Box 9 Advance EIC payment:	(412)
Box 12a See instructions:	(D 1500)
Box 13 Retirement Plan:	(X)
Box 15 State and State ID Number:	(MI 382461)
Box 16 State Wages:	(4800)
Box 17 State Income Tax withheld:	(480)

TEST #13

FORMS INCLUDED: FORM 1040A, FORM 1099-R(2)

FORM 1040A:

First Name, MI & Last Name:	(TEST P BARRELL)
Social Security Number:	(400-00-1013)
Home Address:	(25000 HAM AND BACON JUNCTION)
City, State, and Zip:	(PIG TOWN MD 21230)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(QUALIFYING WIDOW(ER) )
Year spouse died:	(2002)
Dependent #1 Name:	(ROLAND BARRELL)
Social Security Number:	(400-55-3013)
Relationship:	(FOSTERCHILD)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(1)
Total number in box 6d:	(2)
Line 8a Taxable Interest:	(10000)
Line 11b Taxable IRA distributions:	(2500)
Line 12b Taxable pensions and annuities:	(4500)
Line 15 Total income:	(17000)
Line 21 Adjusted gross income:	(17000)
Line 22 Amount from line 21:	(17000)
Line 23a Taxpayer is 65 or older:	(X)
Number of boxes checked:	(1)
Line 24 Standard deduction:	(10450)
Line 25 Subtract line 24 from line 22:	(6550)
Line 26 Multiply \$3050 by the Total number in box 6d:	(6100)
Line 27 Taxable income:	(450)
Line 28 Tax:	(46)
Line 30 Credit for elderly or disabled:	(23)
Line 35 Total Credits:	(23)
Line 36 Subtract 35 from line 28:	(23)
Line 38 Total Tax:	(23)
Line 39 Federal income tax withheld:	(200)
LITERAL:	(FORM 1099)
Line 40 2003 Estimated taxes paid:	(500)
Line 43 Total Payments:	(700)
Line 44 Amount Overpaid:	(677)
Line 45a Refund:	(552)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Line 46 Applied to 2004 Estimated taxes:	(125)
Third Party Designee:	(YES)
Third Party Designee:	(JOHN DOE)
Third Party phone number:	(888-555-1111)
Third Party Pin number:	(11122)
Taxpayer's Occupation:	(RETIRED)



TEST #13: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(OUR SHARE BANK & TRUST) (72 MARKET PLACE) (PIG TOWN MD 21230-7272)
Payers identification number:	(52-7754541)
Recipients social security number:	(400-00-1013)
Recipients name(First, MI, Last):	(TEST P BARRELL)
Recipients street address:	(25000 HAM AND BACON JUNCTION)
Recipients city, state, and Zip code:	(PIG TOWN MD 21230)

Box 1	Gross distribution:	(2500)
Box 2a	Taxable amount:	(2500)
Box 7	Distribution code:	(7)
Box 7	IRA /SEP Simple:	(X)
Box 11	State:	(MD)

Form 1099-R #2:

Payers name address and Zip Code:	(WECAN DUETTE LOBBYISTS) (1000 BUCKS ST) (PIG TOWN MD 21230)
Payers identification number:	(52-9081726)
Recipients social security number:	(400-00-1013)
Recipients name (First, MI, Last):	(TEST P BARRELL)
Recipients street address:	(25000 HAM AND BACON JUNCTION)
Recipients city, state, and Zip code:	(PIG TOWN MD 21230)

Box 1	Gross distribution:	(4500)
Box 2a	Taxable amount:	(4500)
Box 4	Federal Income tax withheld:	(200)
Box 7	Distribution code:	(7)
Box 11	State:	(MD)

TEST #14

FORMS INCLUDED: FORM 1040, W-2GU (1), FORM W-2 (14)

FORM 1040:

First Name, MI & Last Name:	(TEST T HUNTER)
Social Security Number:	(400-00-1014)
Home Address:	(1234 LUKE THOMAS BLVD)
City, State, and Zip:	(QUINTON AL 35130)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total wages:	(19450)
Line 22 Total income:	(19450)
Line 34 Adjusted gross income:	(19450)
Line 35 Amount from line 34:	(19450)
Line 37 Itemized or standard deduction:	(4750)
Line 38 Subtract line 37 from line 35:	(14700)
Line 39 Multiply \$3050 by the Total number in box 6d:	(3050)
Line 40 Taxable income:	(11650)
Line 41 Tax:	(1401)
Line 43 Add lines 41 and 42:	(1401)
Line 54 Subtract line 53 from line 43:	(1401)
Line 56 SS on inc not reported Form 4137:	(38)
Line 60 Total tax:	(1439)
Line 61 Federal income tax withheld:	(422)
Line 63 Earned income credit:	(1629)
Line 68 Total payments:	(2051)
Line 69 Amount Overpaid:	(612)
Line 70a Amount Refunded to you:	(612)
Line 70b Routing transit number:	(053111674)
Line 70c Type of account:	(CHECKING)
Line 70d Account number:	(123-444-5678)
Third Party Designee	(NO)
Taxpayer's Occupation:	(MUSICIAN)
Taxpayer's Daytime Phone Number:	(205-555-1020)

TEST #14: continued:

Form W-2GU #1:

b. Employers identification number:	(63-1234561)
c. Employers name address and Zip Code:	(SOUTH SEA CONCERTS CONCERT 1) (500 PALM STREET) (HAGATNA, GU 96910)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1690)
Box 2 Federal income tax withheld:	(192)
Box 3 Social Security wages:	(1690)
Box 4 Social Security tax withheld:	(105)
Box 5 Medicare wages and tips:	(1690)
Box 6 Medicare tax withheld:	(25)

Form W-2 #1

b. Employers identification number:	(63-1234562)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 2) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(3775)
Box 2 Federal income tax withheld:	(50)
Box 3 Social Security wages:	(3775)
Box 4 Social Security tax withheld:	(234)
Box 5 Medicare wages and tips:	(3775)
Box 6 Medicare tax withheld:	(55)
Box 8 Allocated tips:	(500)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(3775)
Box 17 State Income Tax withheld:	(244)

TEST #14: continued:

Form W-2 #2:

b. Employers identification number:	(63-1234563)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 3) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1440)
Box 3 Social Security wages:	(1440)
Box 4 Social Security tax withheld:	(89)
Box 5 Medicare wages and tips:	(1440)
Box 6 Medicare tax withheld:	(21)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(1440)
Box 17 State Income Tax withheld:	(74)

Form W-2 #3:

b. Employers identification number:	(63-1234564)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 4) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(2470)
Box 2 Federal income tax withheld:	(20)
Box 3 Social Security wages:	(2470)
Box 4 Social Security tax withheld:	(153)
Box 5 Medicare wages and tips:	(2470)
Box 6 Medicare tax withheld:	(36)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(2470)
Box 17 State Income Tax withheld:	(173)

TEST #14: continued:

Form W-2 #4:

b. Employers identification number:	(63-1234565)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 5) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1585)
Box 2 Federal income tax withheld:	(40)
Box 3 Social Security wages:	(1585)
Box 4 Social Security tax withheld:	(98)
Box 5 Medicare wages and tips:	(1585)
Box 6 Medicare tax withheld:	(23)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(1585)
Box 17 State Income Tax withheld:	(111)

Form W-2 #5:

b. Employers identification number:	(63-1234566)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 6) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1700)
Box 2 Federal income tax withheld:	(30)
Box 3 Social Security wages:	(1700)
Box 4 Social Security tax withheld:	(105)
Box 5 Medicare wages and tips:	(1700)
Box 6 Medicare tax withheld:	(25)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(1700)
Box 17 State Income Tax withheld:	(119)

TEST #14: continued:

Form W-2 #6:

b. Employers identification number:	(63-1234567)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 7) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1400)
Box 2 Federal income tax withheld:	(20)
Box 3 Social Security wages:	(1400)
Box 4 Social Security tax withheld:	(87)
Box 5 Medicare wages and tips:	(1400)
Box 6 Medicare tax withheld:	(20)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(1400)
Box 17 State Income Tax withheld:	(98)

Form W-2 #7:

b. Employers identification number:	(63-1234568)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 8) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(300)
Box 3 Social Security wages:	(300)
Box 4 Social Security tax withheld:	(19)
Box 5 Medicare wages and tips:	(300)
Box 6 Medicare tax withheld:	(4)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(300)
Box 17 State Income Tax withheld:	(21)

TEST #14: continued:

Form W-2 #8:

b. Employers identification number:	(63-1234569)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 9) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(450)
Box 3 Social Security wages:	(450)
Box 4 Social Security tax withheld:	(28)
Box 5 Medicare wages and tips:	(450)
Box 6 Medicare tax withheld:	(7)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(450)
Box 17 State Income Tax withheld:	(31)

Form W-2 #9:

b. Employers identification number:	(63-1234560)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 10) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(475)
Box 3 Social Security wages:	(475)
Box 4 Social Security tax withheld:	(29)
Box 5 Medicare wages and tips:	(475)
Box 6 Medicare tax withheld:	(7)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(475)
Box 17 State Income Tax withheld:	(33)

TEST #14: continued:

Form W-2 #10:

b. Employers identification number:	(63-1234511)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 11) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(530)
Box 2 Federal income tax withheld:	(10)
Box 3 Social Security wages:	(530)
Box 4 Social Security tax withheld:	(33)
Box 5 Medicare wages and tips:	(530)
Box 6 Medicare tax withheld:	(8)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(530)
Box 17 State Income Tax withheld:	(37)

Form W-2 #11:

b. Employers identification number:	(63-1234512)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 12) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1100)
Box 2 Federal income tax withheld:	(20)
Box 3 Social Security wages:	(1100)
Box 4 Social Security tax withheld:	(68)
Box 5 Medicare wages and tips:	(1100)
Box 6 Medicare tax withheld:	(16)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(1100)
Box 17 State Income Tax withheld:	(77)



TEST #14: continued:

Form W-2 #12:

b. Employers identification number:	(63-1234513)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 13) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(275)
Box 3 Social Security wages:	(275)
Box 4 Social Security tax withheld:	(17)
Box 5 Medicare wages and tips:	(275)
Box 6 Medicare tax withheld:	(4)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(275)
Box 17 State Income Tax withheld:	(19)

Form W-2 #13:

b. Employers identification number:	(63-1234514)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 14) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(980)
Box 2 Federal income tax withheld:	(20)
Box 3 Social Security wages:	(980)
Box 4 Social Security tax withheld:	(61)
Box 5 Medicare wages and tips:	(980)
Box 6 Medicare tax withheld:	(14)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(980)
Box 17 State Income Tax withheld:	(69)

TEST #14: continued:

Form W-2 #14:

b. Employers identification number:	(63-1234515)
c. Employers name address and Zip Code:	(MUSIC ROW CONCERTS CONCERT 15) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1014)
e. Employees name (first, m.i., last):	(TEST T HUNTER)
f. Employees address and Zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(780)
Box 2 Federal income tax withheld:	(20)
Box 3 Social Security wages:	(780)
Box 4 Social Security tax withheld:	(48)
Box 5 Medicare wages and tips:	(780)
Box 6 Medicare tax withheld:	(11)
Box 15 State and State ID Number:	(AL 63123)
Box 16 State Wages:	(780)
Box 17 State Income Tax withheld:	(55)

TEST #15

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (3), FORM 2439 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST A HOAGIE)
Social Security Number:	(400-00-1015)
Spouse's First Name, MI, and Last Name:	(TUNA S HOAGIE)
Spouse's Social Security Number:	(400-00-2015)
Home Address:	(123 FRONT ST)
City, State, and Zip:	(PUNTA GORDA BELIZE .)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If joint return, Does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 7 Total wages:	(5000)
Line 12 Schedule C - gain or (loss):	(15000)
Line 13a Schedule D - gain or (loss):	(2852)
Line 15a Total IRA distributions:	(11500)
Line 15b Taxable IRA distributions:	(10000)
Line 16a Total pensions & annuities:	(46000)
Line 16b Taxable pensions & annuities:	(44000)
Line 21 Other income - LITERAL:	(STATEMENT #1) (FORM 2555 -12627) (FORM 2555 -5000)
Line 21 Total other income:	(-17627)
Line 22 Total income:	(59225)
Line 28 One-half self employment tax:	(1060)
Line 29 Self-employed Health insurance:	(1313)
Line 33 Add lines 23 through 33a:	(2373)
Line 34 Adjusted gross income:	(56852)
Line 35 Amount from line 34:	(56852)
Line 36a You were 65 or older:	(X)
Line 36a Add the number of boxes checked	(1)
Line 37 Itemized or standard deduction:	(10450)
Line 38 Subtract line 37 from line 35:	(46402)
Line 39 Multiply \$3050 by the total number of exemptions:	(6100)
Line 40 Taxable income:	(40302)
Line 41 Tax:	(10286)
Line 41b Form 4972:	(X)
Line 43 Add lines 41 and 42:	(10286)
Line 54 Subtract line 53 from line 43:	(10286)
Line 55 Self-employment tax:	(2120)
Line 60 Add lines 54 through 59:	(12406)
Line 61 Federal income tax withheld:	(13000)
LITERAL:	(FORM 1099)
Line 67 Other payments:	(100)
Line 67a Form 2439:	(X)
Line 68 Add 61 through 67:	(13100)
Line 69 Amount Overpaid:	(694)
Line 70a Amount you want refunded to you:	(694)
Line 70b Routing transit number:	(XXXXXXXXXX)
Line 70d Account number:	(XXXXXXXXXXXXXXXXXXXX)

TEST #15: continued:

Third Party Designee	(YES)
Third Party Designee:	(JOHN DOE)
Third Party phone umber:	(888-555-1111)
Third Party PIN number:	(11122)
Taxpayer's Occupation:	(SPORT FISHING GUIDE)
Spouse's Occupation:	(WAITRESS)

Form W-2 #1:

b. Employers identification number:	(99-1234567)
c. Employers name address and zip code:	(RONS RIB RACK ON THE RIVER) (15 RIVERFRONT RD) (PUNTA GORDA BELIZE .)
d. Employees social security number:	(400-00-2015)
e. Employees name (first, m.i., last):	(TUNA S HOAGIE)
f. Employees address and zip code:	(123 FRONT ST) (PUNTA GORDA BELIZE .)

Box 1	Wages, tips, etc.:	(5000)
Box 3	Social Security wages:	(5000)
Box 4	Social Security tax withheld:	(310)
Box 5	Medicare wages and tips:	(5000)
Box 6	Medicare tax withheld:	(73)

Form 1099-R #1:

Payers name address and zip Code:	(PROVOLONE CREDIT UNION) (106 PROVOLONE CENTER) (SANDWICH MA 02563)	
Payers federal identification number:	(04-2131324)	
Recipients identification number:	(400-00-1015)	
Recipients name (First, MI, Last):	(TEST A HOAGIE)	
Recipients Street Address:	(123 FRONT ST)	
Recipients City, State, and Zip:	(PUNTA GORDA BELIZE .)	
Box 1	Gross distribution:	(11500)
Box 2a	Taxable amount:	(10000)
Box 4	Federal Income tax withheld:	(2000)
Box 7	Distribution code:	(7)
Box 7	IRA /SEP Simple:	(X)
Box 11	State:	(MA)

TEST #15: continued:

Form 1099-R #2:

Payers name address and Zip Code:	(PUMPERNICKLE RYE AND HOAGIE) (87 SUBWAY CENTER) (SANDWICH MA 02563)
Payers federal identification number:	(04-9876542)
Recipients identification number:	(400-00-2015)
Recipients name (First, MI, Last):	(TUNA S HOAGIE)
Recipients Street Address:	(123 FRONT ST)
Recipients City, State, and Zip:	(PUNTA GORDA BELIZE .)

Box 1	Gross distribution:	(46000)
Box 2a	Taxable amount:	(44000)
Box 3	Capital gain:	(8000)
Box 4	Federal Income tax withheld:	(8800)
Box 7	Distribution code:	(7)
Box 11	State:	(MA)

Form 1099-R #3:

Payers name address and Zip Code:	(ASSOCIATED RETIREMENT) (1402 RESTFUL WAY) (ATLANTA GA 30301)
Payers federal identification number:	(04-1466321)
Recipients identification number:	(400-00-1015)
Recipients name (First, MI, Last):	(TEST A HOAGIE)
Recipients Street Address:	(123 FRONT ST)
Recipients City, State, and Zip:	(PUNTA GORDA BELIZE .)

Box 1	Gross distribution:	(43800)
Box 2a	Taxable amount:	(43800)
Box 3	Capital gain:	(8000)
Box 4	Federal Income tax withheld:	(2200)
Box 7	Distribution code:	(7A)
Box 11	State:	(MA)

Form 2439 #1:

Regulated Investment company:	(ACME INVESTMENT CORP)
Investment company street address:	(2041 INVEST STREET)
Investment City, State, and Zip:	(AUSTIN TX 78774)

Investment Co Identification number:	(111111111)
--------------------------------------	-------------

Shareholders Identification number:	(400-00-1015)
Shareholders name (first, m.i., last):	(TEST A HOAGIE)
Shareholders Street Address:	(123 FRONT ST)
Shareholders City, State, Zip	(PUNTA GORDA BELIZE .)

Box 1a	Total undistributed long term capital gains:	(2000)
Box 2	Tax paid by Investment Company:	(100)

TEST #16

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST L TONTO SR)
Social Security Number:	(400-00-1016)
Spouse's Name, MI & Last Name:	(SILVER N TONTO)
Spouse's Social Security Number:	(400-00-2016)
Home Address:	(21 LONE RANGER CIR)
City, State, and Zip:	(SMOKE SIGNAL AZ 86503)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 12 Schedule C gain or (loss):	(39126)
Line 14 Form 4797 other gain or (loss):	(-2040)
Line 22 Total income:	(37086)
Line 28 One-Half self-employment tax:	(2764)
Line 30 Keogh or SEP plan:	(750)
Line 33 Add lines 23 through 32a:	(3514)
Line 34 Adjusted gross income:	(33572)
Line 35 Amount from line 34:	(33572)
Line 36a Spouse was blind:	(X)
Line 36a Number of boxes checked:	(1)
Line 37 Itemized or standard deduction:	(10450)
Line 38 Subtract line 37 from line 35:	(23122)
Line 39 Multiply \$3050 by the Total number in box 6d:	(6100)
Line 40 Taxable income:	(17022)
Line 41 Tax:	(1854)
Line 43 Add line 41 and 42:	(1854)
Line 54 Subtract line 53 from line 42:	(1854)
Line 55 Self-employment tax:	(5528)
Line 59 Household Emp taxes Sch H:	(306)
Line 60 Add lines 54 through 59:	(7688)
Line 62 2003 Estimated tax payments:	(7500)
Line 68 Add lines 61 through 67:	(7500)
Line 72 Amount you owe:	(188)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(SELF-EMPLOYED)
Spouse's Occupation:	(SELF-EMPLOYED)

Return was prepared by VITA

TEST #17

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name:	(TEST R DE LA HALO)
Social Security Number:	(400-00-1017)
Spouse's Name, MI & Last Name:	(RUBY D MONDAY)
Spouse's Social Security Number:	(400-00-2017)
Home Address:	(7 HEAVENS LN)
City, State, and Zip:	(BETHLEHEM KY 40007)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Literal:	(STATEMENT #1)
Dependent #1 Name:	(ANGELA DE LA HALO)
Social Security Number:	(400-55-3017)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(GABRIEL DE LA HALO)
Social Security Number:	(400-55-4017)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(MICHAEL MONDAY)
Social Security Number:	(400-55-5017)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #4 Name:	(LUCKY MONDAY)
Social Security Number:	(400-55-6017)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #5 Name:	(ARCHIBALD DE LA HALO)
Social Security Number:	(900-93-7017)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #6 Name:	(DAVID SAINT)
Social Security Number:	(400-55-8017)
Relationship:	(PARENT)
Dependent #7 Name:	(MARY SAINT)
Social Security Number:	(400-55-9017)
Relationship:	(PARENT)

TEST #17: continued:

Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(5)
Number of other dependents:	(2)
Total number in box 6d:	(9)
Line 7 Total wages:	(80900)
Line 12 Schedule C income or (loss):	(12161)
Line 17 Schedule E Income:	(1200)
Line 19 Unemployment compensation:	(2670)
Line 22 Total income:	(96931)
Line 27 Moving Expenses:	(263)
Line 28 One-Half self-employment tax:	(808)
Line 33 Total Adjustments:	(1071)
Line 34 Adjusted gross income:	(95860)
Line 35 Amount from line 34:	(95860)
Line 37 Itemized or standard deduction:	(11491)
Line 38 Subtract line 37 from line 35:	(84369)
Line 39 Multiply \$3050 by the Total number in box 6d:	(27450)
Line 40 Taxable income:	(56919)
Line 41 Tax:	(7851)
Line 42 Alternative minimum tax:	(88)
Line 43 Add line 41 and 42:	(7939)
Line 49 Child tax credit:	(2939)
Line 50 Adoption credit:	(5000)
Line 53 Total credits:	(7939)
Line 54 Subtract line 53 from line 43:	(0)
Line 55 Self-employment tax:	(1615)
Line 60 Total tax:	(1615)
Line 61 Federal Income tax withheld:	(10878)
Line 62 2003 Estimated tax payments:	(500)
Line 64 Excess SS & RRTA tax withheld:	(198)
Line 65 Additional child tax credit:	(61)
Line 68 Total payments:	(11637)
Line 69 Amount Overpaid:	(10022)
Line 70a Amount Refunded to you:	(10022)
Line 70b Routing transit number:	(XXXXXXXXXX)
Line 70d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(TREE TRIMMER)
Spouse's Occupation:	(ANIMAL TRAINER)



TEST #17: continued:

Form W-2 #1:

b. Employers identification number:	(61-6270532)
c. Employers name address and Zip Code:	(ANIMAL STAR CIRCUS) (RR 72 BOX 187) (BETHLEHEM KY 40007)
d. Employees social security number:	(400-00-2017)
e. Employees name (first, m.i., last):	(RUBY D MONDAY)
f. Employees address and Zip code:	(7 HEAVENS LN) (BETHLEHEM KY 40007)
Box 1 Wages, tips, etc.:	(77700)
Box 2 Federal Income Tax Withheld:	(10800)
Box 3 Social Security wages:	(87000)
Box 4 Social Security tax withheld:	(5394)
Box 5 Medicare wages and tips:	(87000)
Box 6 Medicare tax withheld:	(1262)
Box 12a See instructions:	(P 1000)
Box 12b See instructions:	(D 9300)
Box 13 Retirement Plan:	(X)
Box 15 State and State ID Number:	(KY 617283)
Box 16 State Wages:	(77700)
Box 17 State Income Tax withheld:	(1250)

Form W-2 #2:

b. Employers identification number:	(61-2987342)
c. Employers name address and Zip Code:	(FICA CIRCUS) (123 BLUEBIRD CIRCLE) (BETHLEHEM KY 40007)
d. Employees social security number:	(400-00-2017)
e. Employees name (first, m.i., last):	(RUBY D MONDAY)
f. Employees address and Zip code:	(7 HEAVENS LN) (BETHLEHEM KY 40007)
Box 1 Wages, tips, etc.:	(3200)
Box 2 Federal Income Tax Withheld:	(78)
Box 3 Social Security wages:	(3200)
Box 4 Social Security tax withheld:	(198)
Box 5 Medicare wages and tips:	(3200)
Box 6 Medicare tax withheld:	(46)
Box 15 State and State ID Number:	(KY 619823)
Box 16 State Wages:	(3200)
Box 17 State Income Tax withheld:	(23)

TEST #18

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	(TEST T ISLANDER)
Social Security Number:	(400-00-1018)
Home Address:	(123 PLAY HERE ST)
City, State, and Zip:	(WASHINGTON DC 20011)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(HEAD OF HOUSEHOLD)
Qualifying person's name:	(MICHAEL ISLANDER)
Qualifying person's SSN:	(400-55-3018)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(15075)
Line 16b Taxable pensions & annuities:	(3000)
Line 17 Schedule E income:	(24400)
Line 21 Other income - LITERAL:	(BLACKJACK)
Line 21 Total other income:	(5000)
Line 22 Total income:	(47475)
Line 34 Adjusted gross income:	(47475)
Line 35 Amount from line 34:	(47475)
Line 37 Itemized or standard deduction:	(7000)
Line 38 Subtract line 37 from line 35:	(40475)
Line 39 Multiply \$3050 by the Total number in box 6d:	(3050)
Line 40 Taxable income:	(37425)
Line 41 Tax:	(5114)
Line 43 Add line 41 and 42:	(5114)
Line 51 Credits:	(5000)
Line 51b Form 8859:	(X)
Line 52 Other Credits:	(114)
Line 52c Specify	(X)
Line 52c Specify	(8860)
Line 53 Add lines 44 through 52:	(5114)
Line 54 Subtract line 53 from line 43:	(0)
Line 57 Tax on qualified retirement plan:	(150)
Line 60 Add lines 54 through 59:	(150)
Line 61 Federal Income tax withheld:	(3500)
Line 68 Add lines 61 through 67:	(3500)
Line 69 Amount Overpaid:	(3350)
Line 70a Amount Refunded to you:	(3350)
Line 70b Routing transit number:	(024567891)
Line 70c Type of account:	(SAVINGS)
Line 70d Account number:	(ABC-123-4567890)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(INSURANCE BROKER)

TEST #18: continued:

Form W-2 #1:

b. Employers identification number:	(58-2346821)
c. Employers name address and Zip Code:	(OUT OF STATE INSURANCE SERVICES) (7000 SIX FLAGS DR) (ATLANTA GA 30301)
d. Employees social security number:	(400-00-1018)
e. Employees name (first, m.i., last):	(TEST T ISLANDER)
f. Employees address and Zip code:	(123 PLAY HERE ST) (WASHINGTON DC 20011)
Box 1 Wages, tips, etc.:	(28900)
Box 2 Federal Income Tax Withheld:	(3000)
Box 3 Social Security wages:	(28900)
Box 4 Social Security tax withheld:	(1792)
Box 5 Medicare wages and tips:	(28900)
Box 6 Medicare tax withheld:	(419)
Box 13 Statutory employee:	(X)
Box 15 State and State ID Number:	(GA 5879871)
Box 16 State Wages:	(28900)
Box 17 State Income tax withheld:	(2023)

Form W-2G #1:

Payers name, address and Zip codes:	(GULF CRUISE LINES) (DOCK 106 HARBOR ROW) (DESTIN FL 32540)
Payers identification number:	(65-7294862)
Winners name address and Zip code:	(TEST T ISLANDER) (123 PLAY HERE ST) (WASHINGTON DC 20011)
Box 1 Gross winnings:	(5000)
Box 2 Federal Income tax withheld:	(500)
Box 3 Type of wager:	(BLACKJACK)
Box 4 Date won:	(02-14-2003)
Box 9 Winner's taxpayer ID No.:	(400-00-1018)
Box 13 State/Payer's state ID No.:	(GA 5822768)

TEST #18: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(VACATION INSURANCE SERVICES) (93 BAY ST) (DESTIN FL 32540)
Payers identification number:	(65-9687321)
Recipients social security number:	(400-00-1018)
Recipients name (First, MI, Last):	(TEST T ISLANDER)
Recipients street address:	(123 PLAY HERE ST)
Recipients city state and Zip code:	(WASHINGTON DC 20011)
Box 1 Gross distribution:	(3000)
Box 2a Taxable amount:	(3000)
Box 2b Total distribution:	(X)
Box 7 Distribution code:	(2)

TEST #19

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST O OLYMPICS)
Social Security Number:	(400-00-1019)
Home Address:	(121 TORCH ST)
City, State, and Zip:	(ATLANTA GA 30301)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(QUALIFYING WIDOW(ER))
Year Spouse Died:	(2002)
Dependent #1 Name:	(WENDY OLYMPICS)
Social Security Number:	(400-55-3019)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(1)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(22482)
Line 8b Tax-exempt interest:	(35699)
Line 9a Dividend income:	(16166)
Line 9b Qualified dividends:	(14377)
Line 13a Capital gain or loss:	(33265)
Line 22 Total income:	(71913)
Line 34 Adjusted gross income:	(71913)
Line 35 Amount from line 34:	(71913)
Line 37 Itemized or standard deduction:	(34044)
Line 38 Subtract line 37 from line 35:	(37869)
Line 39 Multiply \$3050 by the total number in box 6d:	(6100)
Line 40 Taxable income:	(31769)
Line 41 Tax:	(2625)
Line 43 Add line 41 and 42:	(2625)
Line 49 Child tax credit:	(1000)
Line 52b Other Credits	(X)
	(FORM 8801)
Line 53 Total credits:	(1000)
Line 54 Subtract line 53 from line 43:	(1625)
Line 60 Add lines 54 through 59:	(1625)
Line 62 2003 Estimated tax payments:	(1300)
Line 68 Add lines 61 through 67:	(1300)
Line 72 Amount you owe:	(325)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(INVESTMENT SPECIALIST)
Taxpayer's Daytime Phone number:	(404-555-1020)

TEST #20

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST T LIVINGWATERS)
Social Security Number:	(400-00-1020)
Spouse's Name, MI & Last Name:	(ISABEL H LIVINGWATERS)
Spouse's Social Security Number:	(400-00-2020)
Home Address:	(341 RONALD RD)
City, State, and Zip:	(HULL IL 62343)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 13a Schedule D capital gain or (loss):	(1000)
Line 14 Form 4797 other gain or (loss):	(3588)
Line 18 Schedule F income or (loss):	(21764)
Line 22 Total income:	(26352)
Line 28 One-Half of self-employment tax:	(1538)
Line 33 Add lines 23 through 33a:	(1538)
Line 34 Adjusted gross income:	(24814)
Line 35 Amount from line 34:	(24814)
Line 36a Taxpayer is 65/older:	(X)
Taxpayer is blind:	(X)
Spouse is 65/older:	(X)
Total number of boxes checked:	(3)
Line 37 Itemized or standard deduction:	(12350)
Line 38 Subtract line 37 from line 35:	(12464)
Line 39 Multiply \$3050 by the Total number in box 6d:	(6100)
Line 40 Taxable income:	(6364)
Line 41 Tax:	(633)
Line 43 Add line 41 and 42:	(633)
Line 54 Subtract line 53 from line 43:	(633)
Line 55 Self-employment tax:	(3075)
Line 60 Total tax:	(6458)
LITERAL:	(ICR 2000)
LITERAL:	(FMSR 750)
Line 62 2003 Estimated tax payments:	(3000)
Line 68 Total payments:	(3000)
Line 72 Amount you owe:	(3461)
Line 73 Estimated tax penalty:	(3)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(RETIRED)
Spouse's Occupation:	(FARMER)

TEST #21

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name:	(TEST L CHARITY)
Social Security Number:	(400-00-1021)
Spouse's First Name, MI, and Last Name:	(MARY B CHARITY)
Spouse's Social Security Number:	(400-00-2021)
Home Address:	(923 HOPE ST)
City, State, and Zip:	(FAITH NC 28041-0923)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Dependent #1 Name:	(JEFFREY CHARITY)
Social Security Number:	(400-55-3021)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(SAMUEL CHARITY)
Social Security Number:	(400-55-4021)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(SANDRA CHARITY)
Social Security Number:	(400-55-5021)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(3)
Total number in box 6d:	(5)
Line 7 Total wages:	(43840)
Line 13a Schedule D capital gain or loss:	(65)
Line 17 Schedule E income or loss:	(16456)
Line 21 Other income:	(1850)
LITERAL:	(FORM 8814)
Line 22 Total income:	(62211)
Line 23 Educator expenses:	(210)
Line 24 IRA deduction:	(5760)
Line 32a Alimony paid:	(1600)
Line 32b Recipient's SSN:	(400-66-2021 1200)
Line 32b LITERAL:	(SUB-PAY TRA 400)
Line 33 Total Adjustments:	(7570)
Line 34 Adjusted gross income:	(54641)

TEST #21: continued:

Line 35	Amount from line 34:	(54641)
Line 37	Itemized or standard deduction:	(9953)
Line 38	Subtract line 37 from line 35:	(44688)
Line 39	Multiply \$3050 by the number of exemptions:	(15250)
Line 40	Taxable income:	(29438)
Line 41	Tax:	(3879)
Line 41a	Form 8814:	(X)
Line 43	Add line 41 and 42:	(3879)
Line 49	Child tax credit:	(1800)
Line 53	Total Credits:	(1800)
Line 54	Subtract line 53 from line 43:	(2079)
Line 60	Total tax:	(2079)
Line 61	Federal income tax withheld:	(1470)
Line 62	2003 Estimated tax payments:	(200)
Line 68	Total payments:	(1670)
Line 72	Amount you owe:	(409)
	Third Party Designee	(NO)
	Taxpayer's Occupation:	(TEACHER)
	Spouse's Occupation:	(REAL ESTATE PROFESSIONAL)

Return prepared by taxpayer



TEST #21: continued:

Form W-2 #1:

b. Employers identification number:	(56-1241111)
c. Employers name address and Zip Code:	(WORKINGHARD INDUSTRIES) (280 LABOR ST) (FAITH NC 28041-0280)
d. Employees social security number:	(400-00-1021)
e. Employees name (first, m.i., last):	(TEST L CHARITY)
f. Employees address and Zip code:	(923 HOPE ST) (FAITH NC 28041-0923)
Box 1 Wages, tips, etc.:	(37000)
Box 2 Federal Income tax withheld:	(680)
Box 3 Social Security wages:	(37000)
Box 4 Social Security tax withheld:	(2294)
Box 5 Medicare wages and tips:	(37000)
Box 6 Medicare tax withheld:	(537)
Box 12a See instructions:	(L 350)
Box 13 Retmnt Plan:	(X)
Box 15 State and State ID Number:	(NC 562211)
Box 16 State Wages:	(37000)
Box 17 State Income tax withheld:	(920)

Form W-2 #2:

b. Employers identification number:	(56-3046224)
c. Employers name address and Zip Code:	(GOLD BLAZER REAL ESTATE) (459 DWELLING AVE) (FAITH NC 28041)
d. Employees social security number:	(400-00-2021)
e. Employees name (first, m.i., last):	(MARY B CHARITY)
f. Employees address and Zip code:	(923 HOPE ST) (FAITH NC 28041-0923)
Box 1 Wages, tips, etc.:	(6840)
Box 2 Federal Income tax withheld:	(790)
Box 3 Social Security wages:	(6840)
Box 4 Social Security tax withheld:	(424)
Box 5 Medicare wages and tips:	(6840)
Box 6 Medicare tax withheld:	(99)
Box 12a See instructions:	(L 575)
Box 13 Retmnt Plan:	(X)
Box 15 State and State ID Number:	(NC 563754)
Box 16 State Wages:	(6840)
Box 17 State Income tax withheld:	(75)

TEST #22

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST T THOMAS)
Social Security Number:	(400-00-1022)
Spouse's Social Security Number:	(400-00-2022)
Home Address:	(511 JONATHAN CAROL BLVD)
City, State, and Zip:	(JEWELL OH 43530)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(CLARA THOMAS)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(979)
Line 17 Schedule E income or (loss):	(20820)
Line 22 Total income:	(21799)
Line 28 One-Half self-employment:	(378)
Line 33 Total Adjustments:	(378)
Line 34 Adjusted gross income:	(21421)
Line 35 Amount from line 34:	(21421)
Line 36b MFS and spouse itemized:	(X)
Line 37 Itemized or standard deduction:	(2360)
Line 38 Subtract line 37 from line 35:	(19061)
Line 39 Multiply \$3050 by the number of exemptions:	(3050)
Line 40 Taxable income:	(16011)
Line 41 Tax:	(2054)
Line 43 Add line 41 and 42:	(2054)
Line 52 Other Credits	(600)
Line 52c Specify	(X)
	(8884)
Line 53 Total Credits	(600)
Line 54 Subtract line 53 from line 43:	(1454)
Line 55 Self-employment tax:	(755)
Line 60 Total tax:	(2209)
Line 62 2003 Estimated tax payments:	(1400)
Line 66 Form 4868 amount paid:	(300)
Line 68 Total payments:	(1700)
Line 72 Amount you owe:	(509)
Third Party Designee:	(YES)
Third Party Name:	(JOHN DOE)
Third Party Phone:	(888-555-1111)
Third Party PIN:	(11122)
Taxpayer's Occupation:	(ENTREPRENEUR)

TEST #23

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	(TEST F STILES)
Social Security Number:	(400-00-1023)
Home Address:	(4664 COUSINS PL)
City, State, and Zip:	(TILLAMOOK OR 97141)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total wages:	(17400)
Line 9a Dividend income:	(4860)
Line 13a Schedule D Capital gain or (loss):	(1186)
Line 17 Schedule E income or (loss):	(28830)
Line 22 Total income:	(52276)
Line 26 Tuition and fees deduction:	(2000)
Line 33 Add lines 23 through 33a:	(2000)
Line 34 Adjusted gross income:	(50276)
Line 35 Amount from line 34:	(50276)
Line 37 Itemized or standard deduction:	(4750)
Line 38 Subtract line 37 from line 35:	(45526)
Line 39 Multiply \$3050 by the number of exemptions:	(3050)
Line 40 Taxable income:	(42476)
Line 41 Tax:	(7394)
Line 41b Form 4972:	(X)
Line 43 Add line 41 and 42:	(7394)
Line 44 Form 1116 Foreign tax credit:	(3456)
Line 53 Total credits:	(3456)
Line 54 Subtract line 53 from line 43:	(3938)
Line 60 Total tax:	(3938)
Line 61 Federal income tax withheld:	(2580)
LITERAL:	(FORM 1099)
Line 62 2003 Estimated tax payments:	(1000)
Line 68 Total payments:	(3580)
Line 72 Amount you owe:	(358)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(STOCK BROKER)

TEST #23: continued:

Form W-2 #1:

b. Employers identification number:	(93-1422446)
c. Employers name address and Zip Code:	(MEXICO AVENTURAS) (RIO LERMO NO 1665 81000 XALAPA) (VERACRUZ .)
d. Employees social security number:	(400-00-1023)
e. Employees name (first, m.i., last):	(TEST F STILES)
f. Employees address and Zip code:	(4664 COUSINS PL) (TILLAMOOK OR 97141)
Box 1 Wages, tips, etc.:	(17400)
Box 2 Federal Income tax withheld:	(2100)
Box 3 Social Security wages:	(17400)
Box 4 Social Security tax withheld:	(1079)
Box 5 Medicare wages and tips:	(17400)
Box 6 Medicare tax withheld:	(252)
Box 14 Other:	(FOR TAX 1600)
Box 15 State and State ID Number:	(OR 934142)
Box 16 State Wages:	(17400)
Box 17 State Income tax withheld:	(1023)

Form 1099-R #1:

Payers name address and Zip Code:	(GOLDEN YEARS RETIREMENT FUNDS) (129 QUEBEC BLVD) (ATLANTA GA 30348)
Payers identification number:	(99-5244433)
Recipients identification number:	(400-00-1023)
Recipients name (First, MI, Last):	(TEST F STILES)
Recipients street address:	(4664 COUSINS PL)
Recipients city, state and Zip code:	(TILLAMOOK OR 97141)

Box 1 Gross distribution:	(3800)
Box 2a Taxable Amount:	(3800)
Box 2b Total Distribution:	(X)
Box 4 Federal income tax withheld:	(480)
Box 7 Distribution Code:	(4A)
Box 9a Percentage of total:	(50)

TEST #24

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST E RATT)
Social Security Number:	(400-00-1024)
Spouse's First Name, MI, and Last Name:	(WHARF B RATT)
Spouse's Social Security Number:	(400-00-2024)
Home Address:	(452 MOUSETRAP CT)
City, State, and Zip:	(CHEESETOWN PA 17201)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(390)
Line 14 Form 4797 gain or (loss):	(85)
Line 17 Schedule E income or (loss):	(10858)
Line 18 Schedule F income or (loss):	(9086)
Line 22 Total income:	(20419)
Line 28 One-Half of self-employment tax:	(642)
Line 33 Total Adjustments:	(642)
Line 34 Adjusted gross income:	(19777)
Line 35 Amount from line 34:	(19777)
Line 37 Itemized or standard deduction:	(10217)
Line 38 Subtract line 37 from line 35:	(9560)
Line 39 Multiply \$3050 by the number of exemptions:	(6100)
Line 40 Taxable income:	(3460)
Line 41 Tax:	(348)
Line 43 Add line 41 and 42:	(348)
Line 51 Other credits:	(255)
Line 51a Form 8396:	(X)
Line 53 Total credits:	(255)
Line 54 Subtract line 53 from line 43:	(93)
Line 55 Self-employment tax:	(1284)
Line 60 Total tax:	(1377)
Line 68 Total payments:	(0)
Line 72 Amount you owe:	(1377)
Third Party Designee:	(YES)
Third Party Name:	(JOHN DOE)
Third Party Phone:	(888-555-1111)
Third Party PIN:	(11122)
Taxpayer's Occupation:	(FARMER)
Spouse's Occupation:	(FARMER)

TEST #25

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name:	(TEST J CADEN)
Social Security Number:	(400-00-1025)
Home Address:	(USS ROBERT E LEE)
City, State, and Zip:	(FPO AP 96222)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(HEAD OF HOUSEHOLD)
Dependent #1 Name:	(JASMINE CADEN)
Social Security Number:	(400-55-3025)
Relationship:	(DAUGHTER)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(1)
Total number in box 6d:	(2)
Line 7 Total Wages:	(26600)
Line 8a Taxable interest:	(1025)
Line 8b Tax-exempt interest:	(80)
Line 9a Dividend income:	(120)
Line 9b Qualified Dividends:	(120)
Line 10 Taxable refunds, credits, etc:	(180)
Line 11 Alimony received:	(12000)
Line 12 Schedule C income or (loss):	(-1479)
Line 13a Capital gain or loss:	(25)
Line 13a If not required, check here:	(X)
Line 13b If 13a (X) Post-May 5 Cap. Gains:	(15)
Line 17 Schedule E income or (loss):	(254)
Line 18 Schedule F income or (loss):	(95)
Line 22 Total income:	(38820)
Line 25 Student loan interest deduction:	(131)
Line 27 Moving Expenses:	(807)
Line 31 Penalty on early withdrawal:	(26)
Line 33 Total Adjustments:	(964)
Line 34 Adjusted gross income:	(37856)
Line 35 Amount from line 34:	(37856)
Line 37 Itemized or standard deduction:	(7000)
Line 38 Subtract line 37 from line 35:	(30856)
Line 39 Multiply \$3050 by the number of exemptions:	(6100)
Line 40 Taxable income:	(24756)
Line 41 Tax:	(3202)
Line 43 Add line 41 and 42:	(3202)
Line 47 Education credits:	(1500)
Line 53 Total credits:	(1500)
Line 54 Subtract line 53 from line 43:	(1702)
Line 60 Total tax:	(1702)
Line 61 Federal income tax withheld:	(1410)
Line 68 Total payments:	(1410)
Line 72 Amount You Owe:	(292)
Third Party Designee:	(YES)
Third Party Designee:	(JOHN DOE)
Phone Number:	(888-555-1111)
PIN:	(11122)
Taxpayer's Occupation:	(SAILOR)

TEST #25: continued:

Form W-2 #1:

b. Employers identification number:	(99-1236541)
c. Employers name address and Zip Code:	(US NAVY) (1100 MILITARY AVE) (WASHINGTON DC 20222-1643)
d. Employee's social security number:	(400-00-1025)
e. Employee's name(first, m.i., last):	(TEST J CADEN)
f. Employee's address and Zip code:	(USS ROBERT E LEE) (FPO AP 96222) (24800)
Box 1 Wages, tips, etc.:	(24800)
Box 2 Federal Income tax withheld:	(1200)
Box 3 Social Security wages:	(24800)
Box 4 Social Security tax withheld:	(1538)
Box 5 Medicare wages and tips:	(24800)
Box 6 Medicare tax withheld:	(360)
Box 12a See instructions:	(P 500)
Box 15 State and State ID Number:	(NC 56124022)
Box 16 State Wages:	(24800)
Box 17 State Income tax withheld:	(1600)

Form W-2 #2:

b. Employers identification number:	(56-1242342)
c. Employers name address and Zip Code:	(WILSONS SUPERMARKET) (91 FISH HAWK CT) (WILMINGTON NC 28403)
d. Employees social security number:	(400-00-1025)
e. Employees name (first, m.i., last):	(TEST J CADEN)
f. Employees address and Zip code:	(USS ROBERT E LEE) (FPO AP 96222) (1800)
Box 1 Wages, tips, etc.:	(1800)
Box 2 Federal Income tax withheld:	(210)
Box 3 Social Security wages:	(1800)
Box 4 Social Security tax withheld:	(112)
Box 5 Medicare wages and tips:	(1800)
Box 6 Medicare tax withheld:	(26)
Box 15 State and State ID Number:	(NC 56420214)
Box 16 State Wages:	(1800)
Box 17 State Income tax withheld:	(20)

TEST #26

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST M EDGEWOOD)
Social Security Number:	(400-00-1026)
Spouse's First Name, MI, and Last Name:	(ROSEANNE G EDGEWOOD)
Spouse's Social Security Number:	(400-00-2026)
Home Address:	(86 OUTSIDE CIR)
City, State, and Zip:	(PERIMETERSCENTERSVILLE GA 30555-0086)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 7 Total wages:	(62000)
Line 8a Taxable interest:	(15610)
Line 9a Dividend income:	(429)
Line 21 Other income:	(-61920)
Other income - LITERAL:	(MSA 80)
Other income - LITERAL:	(FORM 2555-EZ -62000)
Line 22 Total income:	(16119)
Line 33 Add lines 23 through 32a:	(2625)
Add 23 - 32a -LITERAL:	(MSA 2625)
Line 34 Adjusted gross income:	(13494)
Line 35 Amount from line 34:	(13494)
Line 37 Itemized or standard deduction:	(9500)
Line 38 Subtract line 37 from line 35:	(3994)
Line 39 Multiply \$3050 by the number of exemptions:	(6100)
Line 40 Taxable income:	(0)
Line 41 Tax:	(0)
Line 54 Subtract line 53 from line 43:	(0)
Line 57 Tax on IRAs Form 5329:	(54)
Line 60 Total tax:	(66)
LITERAL:	(MSA 12)
Line 62 2003 Estimated tax payments:	(50)
Line 68 Total payments:	(50)
Line 72 Amount you owe:	(16)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(CHEMIST)
Spouse's Occupation:	(HOMEMAKER)



TEST #26: continued:

Form W-2 #1:

b. Employers identification number:	(13-4243335)
c. Employers name address and Zip Code:	(WEEDS AND SEEDS INC)
	(88 DANDELION DR)
	(PASTURELAND NY 14818)
d. Employees social security number:	(400-00-1026)
e. Employees name (first, m.i., last):	(TEST M EDGEWOOD)
f. Employees address and Zip code:	(86 OUTSIDE CIR)
	(PERIMETERSCENTERSVILLE GA 30555-0086)
Box 1 Wages, tips, etc.:	(62000)
Box 3 Social Security wages:	(62000)
Box 4 Social Security tax withheld:	(3844)
Box 5 Medicare wages and tips:	(62000)
Box 6 Medicare tax withheld:	(899)
Box 15 State and State ID Number:	(GA 5832524)
Box 16 State Wages:	(62000)
Box 17 State Income tax withheld:	(1245)

TEST #27

FORMS INCLUDED: FORM 1040, FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	(TEST L PARTNER)
Social Security Number:	(400-00-1027)
Home Address:	(123 FRIGID LN)
City, State, and Zip:	(STARKWEATHER ND 58377)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 9a Ordinary dividends:	(4000)
Line 9b Qualified Dividends:	(4000)
Line 13a Schedule D not required	(X)
Line 16b Taxable Amount	(5000)
Line 17 Schedule E income or (loss):	(4500)
Line 22 Total income:	(13500)
Line 34 Adjusted gross income:	(13500)
Line 35 Amount from line 34:	(13500)
Line 37 Itemized or standard deduction:	(4750)
Line 38 Subtract line 37 from line 35:	(8750)
Line 39 Multiply \$3050 by the number of exemptions:	(3050)
Line 40 Taxable income:	(5700)
Line 41 Tax:	(371)
Line 43 Add line 41 and 42:	(371)
Line 46 Credit for the elderly:	(60)
Line 52 Other Credits:	(311)
Line 52a Form 3800:	(X)
Line 53 Total credits:	(371)
Line 54 Subtract line 53 from line 43:	(0)
Line 60 Total tax:	(560)
LITERAL:	(LIHCR 560)
Line 61 Federal income tax withheld;	(350)
LITERAL:	(FORM 1099)
Line 68 Total payments:	(350)
Line 72 Amount you owe:	(210)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(PROPERTY MANAGER)

TEST #27: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(HARTFORD FINANCIAL SERVICES) (1158 NEW BEDFORD STREET) (FRANKLIN NC 28734)
Payers identification number:	(56-2667891)
Recipients social security number:	(400-00-1027)
Recipients name (First, MI, Last):	(TEST L PARTNER)
Recipients street address:	(123 FRIGID LN)
Recipients city state and Zip code:	(STARKWEATHER ND 58377)
Box 1 Gross distribution:	(5000)
Box 2a Taxable amount:	(5000)
Box 4 Federal Income Tax withheld:	(350)
Box 7 Distribution code:	(3)

TEST #28

FORMS INCLUDED: FORM 1040, FORM W-2 (2)  
FORM 1040:

First Name, MI & Last Name:	(TEST O MACDONALD)
Social Security Number:	(400-00-1028)
Spouse's First Name, MI, and Last Name:	(DAISY MACDONALD)
Spouse's Social Security Number:	(400-00-2028)
Home Address:	(1 FIRST STREET, APT 3)
City, State, and Zip:	(SUNSHINE IA 52544)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Dependent #1 Name:	(JETHRO MACDONALD)
Social Security Number:	(400-55-3028)
Relationship:	(SON)
Dependent #2 Name:	(ELLIE MAE MACDONALD)
Social Security Number:	(400-55-4028)
Relationship:	(DAUGHTER)
Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(2)
Total number in box 6d:	(4)
Line 7 Total wages:	(37967)
Line 18 Farm Income:	(5790)
Line 21 Other income:	(728)
Other income - LITERAL:	(Form 6478)
Line 22 Total income:	(44485)
Line 28 One-half of self employment tax:	(409)
Line 33 Add lines 23 through 32a:	(409)
Line 34 Adjusted gross income:	(44076)
Line 35 Amount from line 34:	(44076)
Line 37 Itemized or standard deduction:	(9500)
Line 38 Subtract line 37 from line 35:	(34576)
Line 39 Multiply \$3050 by the number of exemptions:	(12200)
Line 40 Taxable income:	(22376)
Line 41 Tax:	(2656)
Line 43 Add lines 41 and 4:	(2656)
Line 52 Other credits:	(2656)
Line 52a Other credits: Form 3800:	(X)
Line 53 Total Credits:	(2656)
Line 54 Subtract line 53 from line 43:	(0)
Line 55 Self-employment tax:	(818)
Line 60 Total tax:	(818)
Line 61 Federal Income Tax Withheld:	(749)
Line 68 Total payments:	(749)
Line 72 Amount you owe:	(69)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(TRUCK DRIVER)
Spouse's Occupation:	(FARMER)

TEST #28: continued:

Form W-2 #1:

b. Employers identification number:	(42-8765421)
c. Employers name address and Zip Code:	(TURNIP TRUCK PRODUCE) (8439 VEGGIE LANE) (VINING IA 52348)
d. Employee's social security number:	(400-00-1028)
e. Employee's name(first, m.i., last):	(TEST O MACDONALD)
f. Employee's address and Zip code:	(1 FIRST STREET APT 3) (SUNSHINE IA 52544)
Box 1 Wages, tips, etc.:	(30000)
Box 2 Federal Income tax withheld:	(749)
Box 3 Social Security wages:	(30000)
Box 4 Social Security tax withheld:	(1860)
Box 5 Medicare wages and tips:	(30000)
Box 6 Medicare tax withheld:	(435)
Box 13 Retirement Plan:	(X)
Box 15 State and State ID Number:	(IA 4200001)
Box 16 State Wages:	(30000)
Box 17 State Income tax withheld:	(2100)

Form W-2 #2:

b. Employers identification number:	(42-6651220)
c. Employers name address and Zip Code:	(PACK AND MOVE) (321 TRAVELLERS REST) (SUNSHINE IA 52544)
d. Employees social security number:	(400-00-1028)
e. Employees name (first, m.i., last):	(TEST O MACDONALD)
f. Employees address and Zip code:	(1 FIRST STREET APT 3) (SUNSHINE IA 52544)
Box 1 Wages, tips, etc.:	(7967)
Box 3 Social Security wages:	(7967)
Box 4 Social Security tax withheld:	(494)
Box 5 Medicare wages and tips:	(7967)
Box 6 Medicare tax withheld:	(116)
Box 15 State and State ID Number:	(IA 4201240)
Box 16 State Wages:	(7967)
Box 17 State Income tax withheld:	(26)

TEST #29

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST G HERBALIST)
Social Security Number:	(400-00-1029)
Home Address:	(50 FEEL GOOD AVENUE)
City, State, and Zip:	(GREEN VALLEY LAKE CA 92341)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(75600)
Line 22 Total income:	(75600)
Line 28 One-Half of self-employment tax:	(5341)
Line 33 Total Adjustments:	(5341)
Line 34 Adjusted gross income:	(70259)
Line 35 Amount from line 34:	(70259)
Line 37 Itemized or standard deduction:	(4750)
Line 38 Subtract line 37 from line 35:	(65509)
Line 39 Multiply \$3050 by the number of exemptions:	(3050)
Line 40 Taxable income:	(62459)
Line 41 Tax:	(12429)
Line 43 Add line 41 and 42:	(12429)
Line 52 Other credits:	(4627)
Line 52a Form 3800:	(X)
Line 52c Specify:	(X)
	(Form 8834)
Line 53 Total credits:	(4627)
Line 54 Subtract line 53 from line 43:	(7802)
Line 55 Self-employment tax:	(10682)
Line 60 Total tax:	(18484)
Line 68 Total payments:	(0)
Line 72 Amount you owe:	(18926)
Line 73 Estimated tax penalty:	(442)
Third Party designee:	(YES)
Third Party name:	(JOHN DOE)
Third Party phone:	(888-555-1111)
Third Party PIN:	(11122)
Taxpayer's occupation:	(CHEMIST)
Daytime phone number:	(805-555-2121)

TEST #30

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST A LOTT)
Social Security Number:	(400-00-1030)
Spouse's First Name, MI, and Last Name:	(EDNA K LOTT)
Spouse's Social Security Number:	(400-00-2030)
Home Address:	(45020 GREEN WAY)
City, State, and Zip:	(DALLAS TX 75202)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 7 Total Wages:	(1225500)
Line 12 Schedule C income or (loss):	(170533)
Line 22 Total income:	(1396033)
Line 28 One-Half of self-employment tax:	(7678)
Line 33 Total Adjustments:	(7678)
Line 34 Adjusted gross income:	(1388355)
Line 35 Amount from line 34:	(1388355)
Line 37 Itemized or standard deduction:	(99734)
Line 38 Subtract line 37 from line 35:	(1288621)
Line 39 Multiply \$3050 by the number of exemptions:	(0)
Line 40 Taxable income:	(1288621)
Line 41 Tax:	(426224)
Line 43 Add line 41 and 42:	(426224)
Line 52 Other credits:	(9540)
Line 52a Form 3800:	(X)
Line 52c:	(X)
	(8844)
Line 53 Total credits:	(9540)
Line 54 Subtract line 53 from line 43:	(416684)
Line 55 Self-employment tax:	(15355)
Line 60 Total tax:	(443330)
LITERAL:	(FORM 8866 11291)
Line 61 Federal income tax withheld:	(417000)
Line 68 Total payments:	(417000)
Line 72 Amount you owe:	(26330)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(SELF-EMPLOYED)
Spouse's Occupation:	(BANKER)

TEST #30: continued:

Form W-2 #1:

b. Employers identification number:	(73-1111222)
c. Employers name address and Zip Code:	(THIRD REGIONAL BANK) (ONE TOWER SQUARE) (DALLAS TX 75266)
d. Employee's social security number:	(400-00-2030)
e. Employee's name(first, m.i., last):	(EDNA K LOTT)
f. Employee's address and Zip code:	(45020 GREEN WAY) (DALLAS TX 75202)
Box 1 Wages, tips, etc.:	(1225500)
Box 2 Federal Income tax withheld:	(417000)
Box 3 Social Security wages:	(87000)
Box 4 Social Security tax withheld:	(5394)
Box 5 Medicare wages and tips:	(1225500)
Box 6 Medicare tax withheld:	(17770)
Box 13 Retmnt Plan:	(X)
Box 15 State and State ID Number:	(OK 73012456)
Box 16 State Wages:	(1200)



TEST #31

FORMS INCLUDED: FORM 1040A, FORM W-2	(1)
FORM 1040A:	
First Name, MI & Last Name:	(TEST T BEHAVIOR)
Social Security Number:	(400-00-1031)
Home Address:	(1215 LONG ST)
City, State, and Zip:	(MORGAN GA 31766)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(HEAD OF HOUSEHOLD)
Qualifying person's name:	(DARRELL BEHAVIOR)
Qualifying person's SSN:	(400-55-3031)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total Wages:	(12000)
Line 9a Ordinary dividends:	(200)
Line 9b Qualified Dividends:	(100)
Line 10a Capital gain distributions:	(2500)
Line 10b Post-May 5 Capital Gains:	(2500)
Line 13 Unemployment compensation	(200)
Line 15 Total income:	(14900)
Line 16 Educator Expenses:	(225)
Line 17 IRA deduction:	(2000)
Line 20 Total adjustments:	(2225)
Line 21 Adjusted gross income:	(12675)
Line 22 Amount from line 21:	(12675)
Line 24 Standard deduction:	(7000)
Line 25 Subtract line 24 from line 22:	(5675)
Line 26 Multiply \$3050 by the Total number in box 6d:	(3050)
Line 27 Taxable income:	(2625)
Line 28 Tax:	(134)
Line 32 Retirement savings contribution:	(134)
Line 35 Add lines 29 through 34:	(134)
Line 36 Subtract line 35 from line 28:	(0)
Line 38 Total tax:	(0)
Line 39 Federal Income tax withheld:	(750)
Line 43 Add lines 39 through 42:	(750)
Line 44 Amount Overpaid:	(750)
Line 45a Amount Refunded to you:	(750)
Line 45b Routing transit number:	(012456778)
Line 45c Type of account:	(CHECKING)
Line 45d Account number:	(111-222-5555)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(COUNSELOR)

TEST #31: continued:

Form W-2 #1:

b. Employers identification number:	(58-2243633)
c. Employers name address and Zip Code:	(MORGAN ELEMENTARY)
	(1 MAIN ST)
	(MORGAN GA 31766)
d. Employees social security number:	(400-00-1031)
e. Employees name (first, m.i., last):	(TEST T BEHAVIOR)
f. Employees address and Zip code:	(1215 LONG ST)
	(MORGAN GA 31766)
Box 1 Wages, tips, etc.:	(12000)
Box 2 Federal Income Tax Withheld:	(750)
Box 3 Social Security wages:	(12000)
Box 4 Social Security tax withheld:	(744)
Box 5 Medicare wages and tips:	(12000)
Box 6 Medicare tax withheld:	(174)
Box 15 State and State ID Number:	(GA 5832524)
Box 16 State Wages:	(12000)
Box 17 State Income tax withheld:	(375)

TEST #32

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, MI & Last Name: (TEST A EAU DE TOILETTE)  
Social Security Number: (400-00-1032)  
Home Address: (5 GOTTA SMELL GOOD ST)  
City, State, and Zip: (OTTO NC 28763)  
Do you want \$3.00 to go to the  
Presidential Campaign Fund: (YES)  
Filing Status: (SINGLE)  
Line 1 Total wages: (9000)  
Line 2 Taxable Interest: (370)  
Line 4 Adjusted Gross Income: (9370)  
Line 5 Can someone else claim you on  
their return: (NO)  
Deduction/Exemption Amount: (7800)  
Line 6 Taxable income: (1570)  
Line 7 Tax Withheld: (750)  
Line 8 Earned Income Credit: (142)  
Line 9 Total payments: (892)  
Line 10 Tax: (156)  
Line 11a This is your refund: (736)  
Line 11b Routing transit number: (XXXXXXXXXX)  
Line 11d Account number: (XXXXXXXXXXXXXXXXXXXX)

Third Party Designee: (NO)  
Taxpayer's Occupation: (SALES CLERK)

Form W-2 #1:

b. Employers identification number: (41-8765432)  
c. Employers name address and Zip Code: (SWEET AROMA HEALTH AND BEAUTY AIDES)  
(7 FRAGRANT WAY)  
(COLOGNE MO 64188)  
d. Employees social security number: (400-00-1032)  
e. Employees name (first, m.i., last): (TEST A EAU DE TOILETTE)  
f. Employees address and Zip code: (5 GOTTA SMELL GOOD ST)  
(OTTO NC 28763)  
Box 1 Wages, tips, etc.: (9000)  
Box 2 Federal Income tax withheld: (750)  
Box 3 Social Security wages: (9000)  
Box 4 Social Security tax withheld: (558)  
Box 5 Medicare wages and tips: (9000)  
Box 6 Medicare tax withheld: (131)  
Box 15 State and State ID Number: (NC 41777)  
Box 16 State Wages: (9000)  
Box 17 State Income Tax withheld: (525)

TEST #33

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, MI and Last Name:	(TEST Y INSIGHTFUL)
Social Security Number:	(400-00-1033)
Spouse's First Name, MI, and Last Name:	(IRENE K INSIGHTFUL)
Spouse's Social Security Number:	(400-00-2033)
Home Address:	(512 HOWARD DR)
City, State, and Zip:	(WINTER PARK FL 32789)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(12000)
Line 11a Total IRA distributions:	(700)
Line 11b Taxable amount:	(100)
Line 12a Total pensions and annuities:	(15000)
Line 12b Taxable amount:	(12000)
Line 14a Social security benefits:	(23000)
Line 14b Taxable amount:	(1800)
Line 15 Total income:	(25900)
Line 21 Adjusted gross income:	(25900)
Line 22 Amount from line 21:	(25900)
Line 23a Spouse is 65/older:	(X)
Spouse is blind:	(X)
Total number of boxes checked:	(2)
Line 24 Standard deduction:	(11400)
Line 25 Subtract line 24 from line 22:	(14500)
Line 26 Multiply \$3050 by the Total 3 number in box 6d:	(6100)
Line 27 Taxable income:	(8400)
Line 28 Tax:	(843)
Line 36 Subtract line 35 from line 28:	(843)
Line 38 Total tax:	(843)
Line 43 Total payments:	(0)
Line 47 Amount you owe:	(843)
Third Party Designee:	(NO)
Taxpayer PIN:	(19360)
Taxpayer Signature Date:	(02-12-2004)
Spouse PIN:	(19340)
Taxpayer's Occupation:	(RETIRED)
Spouse's Occupation:	(RETIRED)

TEST #33: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(THEME PARK PENSION PLAN) (1 BUENA VISTA WAY) (ANAHEIM CA 92812)
Payers identification number:	(33-4234444)
Recipients social security number:	(400-00-2033)
Recipients name (First, MI, Last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and Zip code:	(WINTER PARK FL 32789)
Box 1 Gross distribution:	(15000)
Box 2a Taxable amount:	(12000)
Box 7 Distribution code:	(7)
Box 10 State tax withheld:	(100)
Box 11 State/Payers state no:	(CA 330011)
Box 12 State distribution:	(1000)

Form 1099-R #2:

Payers name address and Zip Code:	(BIG BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10005)
Payers identification number:	(13-4433221)
Recipients social security number:	(400-00-2033)
Recipients name (First, MI, Last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and Zip code:	(WINTER PARK FL 32789)
Box 1 Gross distribution:	(700)
Box 2a Taxable amount:	(100)
Box 7 Distribution code:	(7)
Box 7 IRA/SEP/SIMPLE:	(X)
Box 11 State/Payers state no:	(NY 132143)
Box 12 State distribution:	(100)

TEST #34

FORMS INCLUDED: FORM 1040, FORM W-2 (2), FORM 1099-R (1)

FORM 1040:

First Name, MI and Last Name:	(TEST T HAMMER)
Social Security Number:	(400-00-1034)
Spouse's First Name, MI, and Last Name:	(MARY B HAMMER)
Spouse's Social Security Number:	(400-00-2034)
Home Address:	(74 BUILDER DR)
City, State, and Zip:	(GREENVILLE SC 29601)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
LITERAL:	(STATEMENT #1)
Dependent #1 Name:	(BILL HAMMER)
Social Security Number:	(400-55-3034)
Relationship:	(SON)
Dependent #2 Name:	(BOB HAMMER)
Social Security Number:	(400-55-4034)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(KIM HAMMER)
Social Security Number:	(400-55-5034)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #4 Name:	(KATIE HAMMER)
Social Security Number:	(400-55-6034)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #5 Name:	(LEAH HAMMER)
Social Security Number:	(400-55-7034)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #6 Name:	(LANCE HAMMER)
Social Security Number:	(400-55-8034)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(6)
Total number in box 6d:	(8)
Line 7 Total wages - LITERAL:	(DCB 2400)
Line 7 Total wages:	(27400)
Line 15a IRA distributions:	(1000)
Line 15b Taxable amount IRA:	(500)
Line 17 Schedule E income or loss:	(6000)
Line 20a Social security benefits:	(13000)
Line 20b Taxable amount:	(3200)
Line 22 Total income:	(37100)
Line 24 IRA deduction:	(2000)
Line 33 Add lines 23 through 33a:	(2000)

TEST #34: continued:

Line 34	Adjusted gross income:	(35100)
Line 35	Amount from line 34:	(35100)
Line 36a	You were over 65:	(X)
Line 36a	Add the number of boxes:	(1)
Line 37	Itemized or standard deduction:	(10450)
Line 38	Subtract line 37 from line 35:	(24650)
Line 39	Multiply \$3050 by the number of exemptions:	(24400)
Line 40	Taxable income:	(250)
Line 41	Tax:	(26)
Line 43	Add line 41 and 42:	(26)
Line 45	Child and dependent care credit:	(26)
Line 53	Total Credits:	(26)
Line 54	Subtract line 53 from line 43:	(0)
Line 59	Household employment taxes:	(355)
Line 60	Total tax:	(355)
Line 61	Federal income tax withheld:	(500)
Line 65	Additional child tax credit:	(1990)
Line 68	Total payments:	(2490)
Line 69	Amount Overpaid:	(2135)
Line 70a	Amount Refunded to you:	(2135)
Line 70b	Routing transit number:	(XXXXXXXXXX)
Line 70d	Account number:	(XXXXXXXXXXXXXXXXXXXX)

Third Party Designee:	(YES)
Third Party Designee:	(JOHN DOE)
Phone Number:	(888-555-1111)
PIN:	(11112)
Taxpayer's Occupation:	(CONSTRUCTION)
Spouse's Occupation:	(BANK TELLER)

TEST #34: continued:

Form W-2 #1:

b. Employers identification number:	(57-2587950)
c. Employers name address and Zip Code:	(TIMELY BUILDERS) (12 BUILDER DR) (GREENVILLE SC 29601)
d. Employee's social security number:	(400-00-1034)
e. Employee's name(first, m.i., last):	(TEST T HAMMER)
f. Employee's address and Zip code:	(74 BUILDER DR) (GREENVILLE SC 29601)
Box 1 Wages, tips, etc.:	(24000)
Box 2 Federal Income tax withheld:	(500)
Box 3 Social Security wages:	(25000)
Box 4 Social Security tax withheld:	(1550)
Box 5 Medicare wages and tips:	(25000)
Box 6 Medicare tax withheld:	(363)
Box 10 Dependent care benefits:	(3400)
Box 12a See instructions:	(D 1000)
Box 15 State and State ID Number:	(SC 5712345)
Box 16 State Wages:	(24000)
Box 17 State Income tax withheld:	(250)

Form W-2 #2:

b. Employers identification number:	(57-8234588)
c. Employers name address and Zip Code:	(GREENVILLE BANK) (1200 CENTRAL AVE) (GREENVILLE SC 29601)
d. Employees social security number:	(400-00-2034)
e. Employees name (first, m.i., last):	(MARY B HAMMER)
f. Employees address and Zip code:	(74 BUILDER DR) (GREENVILLE SC 29601)
Box 1 Wages, tips, etc.:	(1000)
Box 3 Social Security wages:	(1000)
Box 4 Social Security tax withheld:	(62)
Box 5 Medicare wages and tips:	(1000)
Box 6 Medicare tax withheld:	(15)
Box 15 State and State ID Number:	(SC 5734246)
Box 16 State Wages:	(1000)



TEST #34: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(PHILLIP JOHNSON BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10009)
Payers identification number:	(57-8888875)
Recipients social security number:	(400-00-1034)
Recipients name (First, MI, Last):	(TEST T HAMMER)
Recipients street address:	(74 BUILDER DR)
Recipients city state and Zip code:	(GREENVILLE SC 29601)

Box 1	Gross distribution:	(1000)
Box 2a	Taxable amount:	(1000)
Box 7	Distribution code:	(T)
Box 7	IRA/SEP/SIMPLE:	(X)
Box 11	State/Payers state no:	(SC 5701434)
Box 12	State distribution	(1000)

TEST RETURNS #35 AND #36 ARE FOR ON-LINE FILING ONLY

TEST #35

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST O MAPLE)
Social Security Number:	(400-00-1035)
Home Address:	(7842 WEEPING WILLOW LN)
City, State, and Zip:	(AUDUBON NJ 08106-7842)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Number of boxes on 6a and 6b:	(0)
Total number box 6d:	(0)
Line 7 Total wages:	(4400)
Line 8a Taxable Interest:	(6500)
Line 8b Tax exempt interest:	(1000)
Line 9a Dividends:	(3000)
Line 15 Total Income:	(13900)
Line 21 Adjusted Gross Income:	(13900)
Line 22 Amount from line 21:	(13900)
Line 24 Standard deduction:	(4650)
Line 25 Subtract line 24 from line 22:	(9250)
Line 26 Multiply \$3050 by the Total number in box 6d:	(0)
Line 27 Taxable Income:	(9250)
Line 28 Tax:	(1041)
Line 36 Subtract line 35 from line 28:	(1041)
Line 38 Total Tax:	(1041)
Line 39 Federal Income Tax Withheld:	(1360)
Line 43 Total Payments:	(1360)
Line 44 Amount Overpaid:	(319)
Line 45a Amount want refunded:	(319)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(TREE TRIMMER)
Taxpayer PIN:	(19821)
Taxpayer Signature Date:	(03-21-2004)
Daytime Phone Number:	(201-555-1111)

TEST #35: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and Zip Code: (TREE TOPPERS INC)  
(783 CHRISTMAS TREE DRIVE)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1035)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and State ID Number: (NJ 22130)

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and Zip Code: (OAKLEYS YARD AND GARDEN)  
(87 KUDZU CENTER)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1035)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal Income tax withheld: (880)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and State ID Number: (NJ 07543917)

Box 16 State Wages: (3200)

TEST #36

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, MI and Last Name:	(TEST Y INSIGHTFUL)
Social Security Number:	(400-00-1036)
Spouse's First Name, MI, and Last Name:	(IRENE K INSIGHTFUL)
Spouse's Social Security Number:	(400-00-2036)
Home Address:	(512 HOWARD DR)
City, State, and Zip:	(WINTER PARK FL 32789)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, Does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(12000)
Line 11a Total IRA distributions:	(700)
Line 11b Taxable amount:	(100)
Line 12a Total pensions and annuities:	(15000)
Line 12b Taxable amount:	(12000)
Line 14a Social security benefits:	(23000)
Line 14b Taxable amount:	(1800)
Line 15 Total income:	(25900)
Line 21 Adjusted gross income:	(25900)
Line 22 Amount from line 21:	(25900)
Line 23a Spouse is 65/older:	(X)
Spouse is blind:	(X)
Total number of boxes checked:	(2)
Line 24 Standard deduction:	(11400)
Line 25 Subtract line 24 from line 22:	(14500)
Line 26 Multiply \$3050 by the Total number in box 6d:	(6100)
Line 27 Taxable income:	(8400)
Line 28 Tax:	(843)
Line 36 Subtract line 35 from line 28:	(843)
Line 38 Total tax:	(843)
Line 43 Total payments:	(0)
Line 47 Amount you owe:	(843)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(RETIRED)
Spouse Occupation:	(RETIRED)
Taxpayer PIN:	(19360)
Taxpayer Signature Date:	(02-12-2004)
Spouse PIN:	(19340)

TEST #36: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(THEME PARK PENSION PLAN) (1 BUENA VISTA WAY) (ANAHEIM CA 92812)
Payers identification number:	(33-4234444)
Recipients social security number:	(400-00-2036)
Recipients name (First, MI, Last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and Zip code:	(WINTER PARK FL 32789)
Box 1 Gross distribution:	(15000)
Box 2a Taxable amount:	(12000)
Box 7 Distribution code:	(7)
Box 10 State tax withheld:	(100)
Box 11 State/Payers state no:	(CA 330011)
Box 12 State distribution:	(1000)

Form 1099-R #2:

Payers name address and Zip Code:	(BIG BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10005)
Payers identification number:	(13-4433221)
Recipients social security number:	(400-00-2036)
Recipients name (First, MI, Last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and Zip code:	(WINTER PARK FL 32789)
Box 1 Gross distribution:	(700)
Box 2a Taxable amount:	(100)
Box 7 Distribution code:	(7)
Box 7 IRA/SEP/SIMPLE:	(X)
Box 11 State/Payers state no:	(NY 132143)
Box 12 State distribution:	(100)

TEST #37

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2GU (1)

FORM 1040:

First Name, MI & Last Name:	(TEST C MAKERS)
Social Security Number:	(400-00-1037)
Home Address:	(MAD1 OTTO BRIDGE RD)
City, State, and Zip:	(PAGO PAGO, AS 96799)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 9a Ordinary dividends:	(26000)
Line 17 Rental Real Estate, Royalties:	(65500)
Line 22 Total income:	(91500)
Line 34 Adjusted gross income:	(91500)
Line 35 Amount from line 34:	(91500)
Line 37 Itemized or standard deduction:	(4750)
Line 38 Subtract line 37 from line 35:	(86750)
Line 39 Multiply \$3050 by the number of exemptions:	(3050)
Line 40 Taxable income:	(83700)
Line 41 Tax:	(18189)
Line 43 Add line 41 and 42:	(18189)
Line 54 Subtract line 53 from line 43:	(18189)
Line 60 Add lines 54 through 59:	(18189)
Line 62 2003 estimated tax paid:	(18000)
Line 68 Add lines 61 through 67:	(18000)
Line 72 Amount you owe:	(189)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(ENTREPRENEUR)

Test #37: continued:

Form W-2GU #1:

b. Employers identification number:	(56-5588964)
c. Employers name address and Zip Code:	(INVESTWISE BROKERAGE) (145 HAMPTON DRIVE) (RALEIGH NC 27634)
d. Employees social security number:	(400-00-1037)
e. Employees name (first, m.i., last):	(TEST C MAKERS)
f. Employees address and Zip code:	(MAD1 OTTO BRIDGE RD) (PAGO PAGO AS 96799)

Box 1	Wages, tips, etc.:	(7500)
Box 2	Guam Income tax withheld:	(750)
Box 3	Social Security wages:	(7500)
Box 4	Social Security tax withheld:	(465)
Box 5	Medicare wages and tips:	(7500)
Box 6	Medicare tax withheld:	(109)

Form W-2 #1:

b. Employers identification number:	(58-1234521)
c. Employers name address and Zip Code:	(MONEY MAKER INVESTMENTS) (4256 HARRISON DR) (ATLANTA GA 30348)
d. Employees social security number:	(400-00-1037)
e. Employees name (first, m.i., last):	(TEST C MAKERS)
f. Employees address and Zip code:	(MAD1 OTTO BRIDGE RD) (PAGO PAGO AS 96799)

Box 1	Wages, tips, etc.:	(27000)
Box 2	Federal Income tax withheld:	(5000)
Box 3	Social Security wages:	(27000)
Box 4	Social Security tax withheld:	(1674)
Box 5	Medicare wages and tips:	(27000)
Box 6	Medicare tax withheld:	(392)
Box 15	State and State ID Number:	(AS 785413)
Box 16	State Wages:	(27000)
Box 17	State income tax:	(2000)